

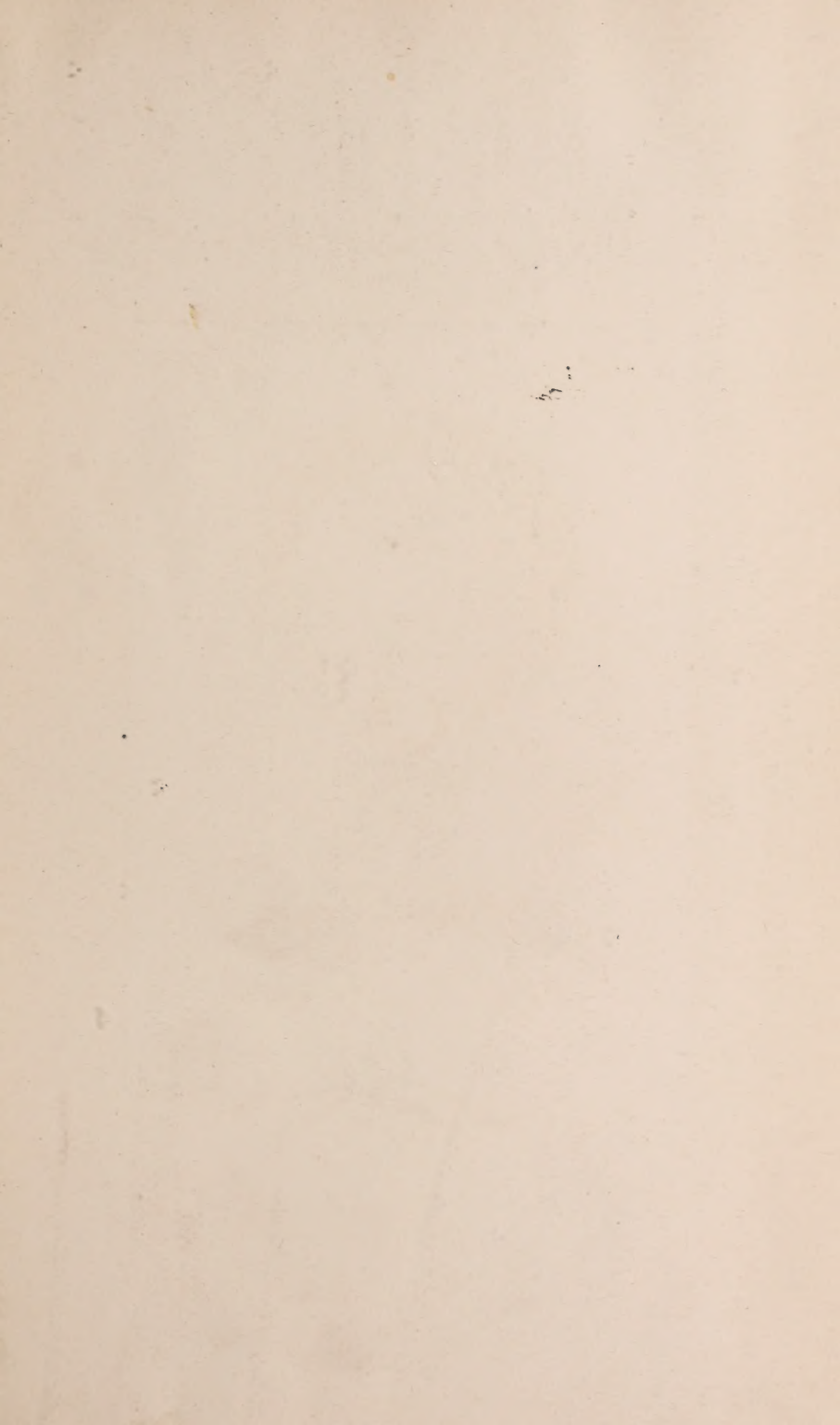
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THE

# HOMŒOPATHIC PHYSICIAN

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"IF OUR SCHOOL EVER GIVES UP THE STRICT INDUCTIVE METHOD OF HAHNE-  
MANN, WE ARE LOST, AND DESERVE TO BE MENTIONED ONLY AS A CARI-  
CATURE IN THE HISTORY OF MEDICINE."—*Constantine Hering.*

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# INDEX

## TO THE

# HOMŒOPATHIC PHYSICIAN.

VOLUME XIII, 1893.

	PAGE		PAGE
Abortion, Hemorrhage following. J. A. Tomhagen, M. D., . . . . .	246	Atrophine-sulphate, . . . . .	278
Abortion. See "Miscarriage,"		Aurum-mur. <sup>10m</sup> , . . . . .	53
Acne, A Case of. D. C. McLaren, M.D.,	92	Auto-Isopathy, A Case of. A. McNeil, M. D., . . . . .	372
Aconite-nap. <sup>50m</sup> , . . . . .	52		
Aconite, . . . . .	50, 287	Ball, G. R., M. D. Is Camphor the Genius Epidemicus of the Present Cholera Invasion? . . . . .	283
Actea-racemosa, . . . . .	436, 438, 468, 474	Banerjee, D.N., M.D. Calcutta Homœopathic Charitable Dispensary, . . . . .	59
Adams, E. T., M. D. Can Scabies be Cured with the Simillimum? . . . . .	144	Clinical Cases, . . . . .	155
Fibroid Tumor of the Uterus, . . . . .	241	A Case of Typhlitis, . . . . .	155
Additional Clinical Cases. B. Fincke, M. D., . . . . .	103	A Case of Eczema, . . . . .	156
Additional Report of Board of Censors, . . . . .	17	Cases of Hernia, . . . . .	157
Address to Delinquent Subscribers. Editorial, . . . . .	561	Baptisia-tinct., . . . . .	293, 378, 527
Adeps, . . . . .	442, 468, 469	Baryta-carb., . . . . .	432
Advice Wanted. W. E. Everly, . . . . .	118	Baylies, B. Le Baron, M. D. Typhoid Pneumonia, . . . . .	81
Æsculus-hip., . . . . .	52, 292, 387	Beals, Dr. Herbert, removal, . . . . .	304
Agarie-musc., 50, 52, 287, 292, 385, 390, 438, 442, 469, 489, 491, 531	51, 293, 383, 388	Beaman, Chas. P., removed, . . . . .	447
Ailanthus-gland., . . . . .	51, 293, 383, 388	Belladonna as a Prophylactic. C. F. Nichols, M. D., . . . . .	347
Alaskana, or Alaska. By Prof. Bushrod W. James, A. M., M. D. Review of, . . . . .	60	Belladonna Case, A. Why Not Mercurius? W. E. Ledyard, M. D., . . . . .	164
Albuminuria. W. L. Reed, M. D., . . . . .	69	Belladonna, 51, 53, 291, 293, 378, 388, 391, 432, 438, 469, 491, 494	510
Aletris, . . . . .	292, 377, 390, 468, 531	Bell, James B., M. D. The Resignation of Dr. Bell, . . . . .	293
Allan, A. G., M. D. Glaucoma, . . . . .	3	Betts, B. Frank, M. D. Introductory to the 46th Annual Course of Instruction in Hahnemann Medical College of Philadelphia, . . . . .	563
Some Clinical Cases, . . . . .	151	Boger, Cyrus M., M. D. Repertory of the Symptoms of the Ovaries, . . . . .	494
Removal of, . . . . .	600	British Medicinal Plants. Alfred Heath, M. D., . . . . .	394
Allen, J. H., M. D. Erysipelas, . . . . .	72	Book Notices, 59, 251, 299, 349, 445, 478, 511, 560, 559	302
Hydro-salpingitis. A Case Cured with Gelseminum, . . . . .	244	Book on the Physician Himself, and Things that Concern his Reputation and Success. By D. W. Cathell, M. D. Review of, . . . . .	293, 532
Two Successful Homœopathic Surgical Operations, . . . . .	14	Borax, . . . . .	293, 432
Allen, T. F., M. D. Profuse Nocturnal Enuresis, . . . . .	431	Bromine, . . . . .	438
Alumina, . . . . .	468	Bryonia, . . . . .	432
American Institute of Homœopathy, The. Pemberton Dudley, M. D., . . . . .	397	Bufo, . . . . .	69
Transactions of, . . . . .	480	Bureau of Clinical Medicine, . . . . .	234
Wm. E. Leonard, M. D., . . . . .	555	Bureau of Obstetrics, . . . . .	288, 293, 383, 385, 389, 391, 433, 438, 442, 491, 527, 532
American Text-Book of the Diseases of Children, An, . . . . .	255	Bursa-pastoris, . . . . .	490
American Text-Book of Surgery for Practitioners and Students. By Dr. Wm. Keen and Dr. J. Wm. White. Review of, . . . . .	63	Cadmium, . . . . .	345
Ammon-carb., . . . . .	50, 527	Calcareo-carb., The Intermittent of. A. McNeil, M. D., . . . . .	494
Announcement. E. B. Treat. Note, . . . . .	127	Calc-carb., . . . . .	59
Annual Reunion of the Alumni Association of the Hahnemann Medical College, Philadelphia. Note, . . . . .	256	Calcutta Homœopathic Charitable Dispensary. D. N. Banerjee, . . . . .	291, 294, 337, 378, 383
Antimony, . . . . .	378, 532	Camphor the Genius Epidemicus of the Present Cholera Invasion? Is. G. R. Ball, M. D., . . . . .	283
Apis. An Involuntary Proving. Julia C. Jump, M. D., . . . . .	396	Camphor, . . . . .	386, 494
Apis, . . . . .	290, 292, 432, 469, 474, 493	Cancer-astacus, . . . . .	378
Apium-virus, . . . . .	292, 377, 383, 442	Cannabis-sat., . . . . .	378
Apocynum-cann., 52, 290, 293, 390, 437, 531	525	Can Scabies be Cured with the Simillimum. E. T. Adams, M. D., . . . . .	144
Apoplexy, . . . . .	525	Capsicum, . . . . .	78, 294, 433, 469
Appendicitis. James Lilienthal, M. D. 458	53, 438, 469	Carbolic Acid, Accidental Proving of. J. C. Fahnestock, M. D., . . . . .	554
Aranea, . . . . .	53, 438, 469	Carb-veg., . . . . .	470, 490
Argentum Nitricum. A Case Cured with. W. P. Wesselhoft, M. D., . . . . .	110	Carbuncle. J. N. Lowe, M. D., . . . . .	23
Argent-nit., . . . . .	397, 531	Cases Cured. By Dr. Dahlke, . . . . .	122
Arnica in Whooping Cough, . . . . .	169	Cases from Practice, Dr. Hesse. By A. McNeil, M. D., . . . . .	503
Arnica, . . . . .	51, 169, 527		
Arsenicum in Ovaritis, . . . . .	165, 169		
Arsenicum, 53, 287, 293, 377, 383, 385, 388, 390, 432, 436, 437, 442, 469, 527, 531	432, 438, 489, 491, 527, 532		
Arum-trif., 51, 291, 293, 378, 385, 390, 391, . . . . .	287		
Asclepias-tub., . . . . .	287		
Asiatic Cholera, Another Remedy for. A. K. Crawford, M. D., . . . . .	505		
Asterias-rub., . . . . .	387		

	PAGE		PAGE
Cases Cured by Dr. Wassel, Keil. A.		Croton-tig.	435
McNeil, M. D.	504	Crutcher, Howard, M. D. An Illustration.	347
Case, Erastus E. Clinical Cases.	76	The Question of Repetition.	396
Case, Dr. E. E. Complexion and Constitution.	462	Cuprum Poisoning, A Case of. John M. E. Ward, M. D.	280
Cases Cured with High and Highest Potencies.	283	Cuprum-acet., 53, 294, 379, 388, 391, 433, 436, 439, 470.	532
Caulophyllum.	433		
Causticum.	290, 294, 378, 469, 491		
Censors, Additional Report of Board of, Cham.	17		
Chapman, S. E., M. D., Homœopathic Aggravation.	427	Dahlke, Dr. Cases Cured.	122
Chapter of Cholera for Lay Readers. History and Symptoms; Prevention of the Disease. By Walter Voight, M. D. A Review of.	480	Davis, F. S., M. D. Tumor of the Neck treated by the use of the Knife followed by Death.	2
Chelidonium. A Case of Eczema Cured by B. N. Banerjee, M. D.	156	Delay in Issuing this Number, The. Editorial. Walter M. James, M. D.	1
Chelidonium-maj.	289, 439	Delayed August Number, The.	322
Chicago Baptist Hospital. Note.	400	Dever, I., M. D. Siftings Saved.	548
Chicago Hotel Rates. Note.	304	Cases Cured by Psorinum.	68
Childhood. George W. Winterburn, M. D. Review of.	61, 128, 304, 351	Diagnosis. Special, and Homœopathic Treatment. Review of.	253
Childhood's Logic. Note.	63	Diet for the Sick. By Miss E. Hibbard. Review of.	301
Cholera; Another Remedy for.	505	Diet for Wasting Diseases, The.	63
Cholera; Its Prevention and Treatment. By Elmer Lee, M. D. Review of.	349	Digestive Organs, Diseases of as the Primary Cause of Consumption and of many other Diseases. W. L. Morgan, M. D.	130
Cholera for Lay Readers; Chapter of. Review of.	480	Digit-purp., 50, 389, 433, 470, 490.	528
Cholera; Therapeutics of. By P. C. Majumdar, M. D. Review of.	600	Diphtheria, Lycopodium in.	166
Cichor-intyb.	294	Diphtheria, Repertory of. Wm. Jefferson Guernsey, M. D.	222
Cimicifuga rac.	288, 491, 528	Diseases of the Digestive Organs as the Primary Causes of Consumption and of many other Diseases. W. L. Morgan, M. D.	130
Cina.	378, 494, 528	Diseases of Inebriety from Alcohol, Opium, and other Narcotic Drugs, The. Review of.	303
Cinnabar.	490	Diseases of the Lungs, Heart, and Kidneys. By N. S. Davis, M. D. Review of.	251
Circular.	56	Diseases of the Nose and Throat. By Horace F. Ivins, M. D. Review of.	446
Clark, Geo. H., M. D. Sycotic Dysmenorrhœa.	94	Dolichos-prur., 294, 526.	532
Clematis.	490	Doryphora.	532
Clinical Cases, Some. A. G. Allan, M. D.	151	Dracontium.	439
B. N. Banerjee, M. D.	155	Dudley Pemberton, M. D. The American Institute of Homœopathy.	397
Erastus E. Case, M. D.	76	Dudley Pemberton, M. D., Secy. A World's Congress of Homœopathy.	54
B. Fincke, M. D.	98	World's Congress Transactions.	510
Jennie Medley, M. D.	112	During the Cold Weather. Note.	127
W. L. Morgan, M. D.	141	Dysmenorrhœa.	209
G. Pompili, M. D.	197	Sycotic. Geo. H. Clark, M. D.	94
With Remarks. Edward Mahony, M. D.	172		
Clinical Contribution. T. D. Stow, M. D.	217	Editorials.	1, 65, 129, 195, 257, 305, 353, 401, 449, 481, 513, 561
Clinical Medicine. J. A. Tomhagen, M. D.	219	Editorial in the July Number, The. Edward Payson Small, M. D.	511
Bureau of.	69	Electro-Homœopathy. Wm. Steinrauf, M. D.	399
Clinical Notes. Wm. Steinrauf, M. D.	348	Emmons, J., M. D. A Few More Cases Cured with the High and Highest Potencies.	283
Cocaine, Purity of. Note.	512	Enuresis. Profuse Nocturnal. T. F. Allen, M. D.	431
Cochlearia-a.	384, 436, 439, 470	Era Key to the U. S. P., 1893. By Haynes & Co. Review of.	511
Coffea.	526	Erecthites.	433
Collinsonia.	442, 470	Erigeron.	492
Comparison of the Ammoniac-salts with Kali and Natrum-salts.	279	Erysipelas. J. H. Allen, M. D.	72
Comparison of the Throat Symptoms of Lachesis and Lycopodium, A. E. V. Ross, M. D.	259	Essentials of Minor Surgery. Review of.	599
Compendium of Materia Medica, Therapeutics, and Repertory of the Digestive System, A. By Arkell Roger McMichael. Review of.	299	Ether, Sulphuric.	294
Competitive Examination, A.	255	Eunonymus.	470
Complexion and Constitution. Dr. E. E. Case.	462	Eupat-perf., 288, 291, 379, 388, 433, 528.	532
Conium.	528	Eupion.	439, 532
Consumption, Diseases of Digestive Organs as a Primary Cause of.	130	Eurich, Dr. C. Removal.	304
Copaiba.	489	Evans, C. H., M. D. How to Cure Rhus Poisoning.	509
Cornus-florida.	53, 288, 291, 379, 532	Everly, W. E. Advice Wanted.	118
Correction.	64		
Correction, A. Prof. Dr. G. Jaeger.	45		
"Corrections" of Prof. Dr. G. Jaeger, from the Hahnemannian Standpoint, The. B. Fincke, M. D.	119		
Crawford, A. K., M. D. Another Remedy for Asiatic Cholera.	505		



	PAGE		PAGE
Fahnstock, J. C., M. D. Accidental Proving of Carbolic Acid, . . .	554	Homœopathic Medical College of Missouri, . . .	58, 250
Felix-mas., . . .	295, 436	Homœopathic Medical Society of Pennsylvania, J. C. Guernsey, .	448
Ferri-carb., . . .	338	Homœopathic Prescription over the Pathological One, The. Horace P. Holmes, M. D., . . .	158
Ferrum-aceticum, . . .	439	Homœopathy in Animals. Dr. Reed, .	545
Ferrum-met., . . .	533	Homœopathy; World's Congress of, .	54
Fever, . . .	287	Homœopathy, Latest Crusade Against, Walter M. James, M. D., . . .	305
Few More Cases Cured with the High and Highest Potencies. A. J. Emmons, M. D., . . .	283	Homœopathy; What is Fittest in and Likely to Survive. Walter M. James, M. D., . . .	353
Fibroid Tumor of the Uterus. E. T. Adams, M. D., . . .	241	Horlick's Malted Milk, . . .	256
Fincke, B., M. D. Potentiation Physiologically Proven, by Prof. Dr. Gustav Jaeger, . . 37, 119, 268, 314, 414, 450, 483, 535, 577		Howard, C. C., M. D. Melancholia, .	115
Clinical Cases, . . .	98, 103	Hydrastis-can., . . .	386
"Corrections" of Prof. Dr. Jaeger from Hahnemannian standpoint	119	Hydrophobia, . . .	53, 288
Translator's Preface from the Translation of <i>The Organon</i> , . .	46	Hydro-salpingitis. A Case Cured with Gelsemium. J. H. Allen, M. D., .	244
Fitch, John H., M. D. A Case of Insanity, . . .	343	Hyoscyamus, . . .	288, 526
Fluoric-acid, . . .	295, 379, 528	Hypericum-perfol., . . .	379, 386, 439, 470
Formica, . . .	435, 533	Illustration, An. Howard Crutcher, M. D., . . .	347
Fowler, S. Mills, M. D. Removal, .	63	In Memoriam. Dr. Samuel Swan, .	557, 589
Fracture of Leg, Compound. T. D. Stow, M. D., . . .	31	Insanity, A Case of. John H. Fitch, M. D., . . .	343
Free Trip to Chicago. Note, . . .	352	Intermittent Fever, Wells on, . .	450, 562
Fun for Doctors, . . .	64, 352, 512, 560	International Congress of Charities, Correction, and Philanthropy, The, . . .	255
Furuncles, . . .	525	International Hahnemannian Association, The, . . .	129, 255
Gelsemium. Hydro-salpingitis, A Case Cured with. J. H. Allen, M. D., .	244	International Hahnemannian Association, Proceedings of. Walter M. James, M. D., . . .	129
Gelsen-nit., . . .	244, 379, 384, 439, 471, 528	Meeting of, 1892, . . .	2, 67, 129, 130, 197
Gettysburg-salt, . . .	53, 490	The. J. B. S. King, M. D., . . .	443
Gettysburg Spring Water, . . .	433, 470, 533	To the. Overton F. MacDonald, M. D., . . .	148
Gilbert, Chas. B., M. D. Sciatica, .	316	International Medical Annual, The. By P. W. Williams, M. D. Review of, . . .	302
Note, . . .	255	Introductory to the 46th Annual Course of Instruction in Hahnemann Medical College of Philadelphia. B. Frank Betts, M. D., .	563
Ginseng, . . .	294, 384, 386, 470, 528, 533	Iodide of Potassium, . . .	529
Glaucoma. A. G. Allan, M. D., . .	3	Iodine, . . .	288, 295, 379, 386, 388, 389, 434, 436, 526
Gleanings. F. H. Lutze, M. D., .	366, 474, 551	Ipecac, . . .	529
Grace Hospital, . . .	255, 304	Iris-vers., . . .	295, 379, 533
Graph., . . .	379	Isopathy in the Dominant School. Walter M. James, M. D., . . .	513
Guajacum, . . .	288, 388, 528	Jaeger, Prof. Dr. G. A Correction, .	45
Guernsey, J. C., M. D. Homœopathic Medical Society of Penna., . . .	448	Potentiation Physiologically Proven. 37, 268, 314, 414, 450, 483, 535, 577	
Guernsey, Wm. Jefferson, M. D. Repository of Diphtheria, . . .	222	The Correction of. B. Fincke, M. D., . . .	119
Gummi-gutti, . . .	384	Work in America, . . .	45
Gundlach, J. G., M. D. Sanicula—Clinical Verifications, . . .	158	James, Prof. Bushrod W. Alaska, Review of, . . .	60
Hahnemann Medical College of Phila. Introductory Address, . . .	563	James, Walter M., M. D. Address to Delinquent Subscribers, . . .	561
Hahnemann, Statue of, . . .	253	The Delay in Issuing this Number. Editorial, . . .	1
Hall, John. Vaccinium and Varolinum, . . .	392, 510	Hamlet's Apostrophe to Man, . .	195
Hamamelis virg., . . .	295, 439	Homœopathic Aggravation, . . .	401
Hamlet's Apostrophe to Man. Walter M. James, M. D., . . .	195	Isopathy in the Dominant School. Lachesis and Lycopodium, . . .	257
Haynes, J. R., M. D. An Open Letter, . . .	188, 250	The Latest Crusade Against Homœopathy, . . .	305
Heath, Alfred, M. D. British Medicinal Plants, . . .	394	Neural Analysis, . . .	449
Hellebore, . . .	492, 533	The Proceedings of the International Hahnemannian Association, . . .	129
Hemorrhage following Abortion readily Controlled by the Indicated Remedy. J. A. Tomhagen, M. D., .	246	Pyrogen, . . .	401
Hepar-sulph., . . .	528	Reforming the Materia Medica, .	481
History of the Life of D. Hayes Agnew, M. D., LL. D. By J. Howe Adams, M. D. Review of, . . .	350	The Suppression of Symptoms, .	467
Hitchcock, Harlyn, M. D. In Memoriam, Samuel Swan, M. D., . .	589	What is the Best High Potency? .	65
Holcombe, Dr. A. W., Located, . .	512	What is Fittest in Homœopathy and Likely to Survive, . . .	353
Holmes, Horace P., M. D. The Homœopathic Prescription over the Pathological One, . . .	159	Wells on Intermittent Fever, .	450, 562
The Western Hahnemannian Club, .	284		
Homœopathic Aggravation. S. E. Chapman, M. D., . . .	427		
Homœopathic Aggravation. Walter M. James, M. D., . . .	401		

	PAGE		PAGE
Jameson, R. E., M. D. Puerperal Con- vulsions, . . . . .	237	Materia Medica, Therapeutics, and Repertory of the Digestive Sys- tem, Compendium of, . . . . .	299
Jasper, . . . . .	492	McLaren, D. C., M. D. Allopathic Suppression of Lochia, . . . . .	247
Jump, Julia C., M. D. Apis—An Invol- untary Proving, . . . . .	396	A Case of Acne, . . . . .	92
Kali-bichr., . . . . .	433	McNeil, A., M. D. A Case of Auto- isopathy, . . . . .	372
Kali-carbonicum, . . . . .	295, 492, 533	Cases from Practice. Dr. Hesse, . . . . .	503
Kali-hyd., 51, 286, 379, 386, 434, 436, 489, 533		Cases Cured by Dr. Wassel, Keil, . . . . .	501
Kalmia latifolia, . . . . .	295, 379	The Intermittent of Calcarea- carb., . . . . .	345
Kaolin, . . . . .	386, 434, 533	Sycosis, . . . . .	400
Kinnball, Samuel A., M. D. A Case of Typhoid Pneumonia Cured with Ilycinum, . . . . .	81	<i>Medical Advance, The. Note.</i> , . . . . .	255
A Miscarriage Between the Fourth and Fifth Months, . . . . .	234	Medley, Jennie, M. D. Clinical Cases, . . . . .	112
King, J. B. S., M. D. The International Hahnemannian Association, . . . . .	443	Melancholia. C. C. Howard, M. D., . . . . .	115
Klip, The. Note, . . . . .	304	Mentha-pip., . . . . .	384, 434, 471
Krebs, Dr. F. H. Removal of, . . . . .	560	Mephitæ, . . . . .	529
Kreosote, . . . . .	295, 388, 440, 474, 526	Merc-corr., . . . . .	471, 490
Lachesis and Lycopodium. Walter M. James, M. D., . . . . .	257	Merc-iod., . . . . .	296
Lachesis and Lycopodium; Compari- son of Throat Symptoms of. E. V. Ross, M. D., . . . . .	259	Merc-prot-iod., . . . . .	51, 471
Lachesis, . . . . .	296, 434, 529, 534	Merc-viv., . . . . .	296, 380, 391, 434, 436, 471, 535
Lachnæanthus Tinctoria, . . . . .	76	Mezereum, . . . . .	296
Lactuca-viros., . . . . .	380, 529, 534	Midway Sanitarium, The, . . . . .	128
La Grippe. Child with, . . . . .	268	Miscarriage Between the Fourth and Fifth Months, A. Samuel A. Kimball, M. D., . . . . .	234
Lamium-alb., . . . . .	296	Miscarriage, Threatened. W. S. Lane, M. D., . . . . .	297
Lane, W. S., M. D. Threatened Mis- carriage, . . . . .	297	Mississquoi-water, . . . . .	296, 440
Latest Crusade Against Homœopathy, The. Walter M. James, M. D., . . . . .	305	Missouri Institute of Homœopathy, The, . . . . .	255
Laurocerasus, . . . . .	529	Modern Gynecology. By Charles H. Bushong, M. D. Review of, . . . . .	350
Ledum-pal., . . . . .	295, 440	Morgan, W. L., M. D. Clinical Cases, Diseases of the Digestive Organs as the Primary Causes of Con- sumption and of Many Other Diseases, . . . . .	141
Ledyard, W. E., M. D. A Belladonna Case. Why not Mercurius? . . . . .	164	Six Cases Treated Showing that Tuberculosis of the Joints Can be Cured by Medical Treatment, . . . . .	137
Principles Involved in the Law of Cure, . . . . .	515	Murder, A New Punishment for, . . . . .	398
Surgical Cases (so-called) Cured Homœopathically, . . . . .	17	Muriatic-acid, . . . . .	296, 440, 471
Leonard, Wm. E., M. D. American Institute of Homœopathy, . . . . .	555	Myrica cerif., . . . . .	380
Libby Prison War Museum, The. Note, . . . . .	351	Myrrh, . . . . .	492
Lilienthal, James, M. D. Appendicitis, . . . . .	458	Natrum-mur., . . . . .	289, 290, 380, 384, 391
Lilium-tig., . . . . .	295, 440, 471, 534	Neural Analysis. Walter M. James, M. D., . . . . .	449
Linaria, . . . . .	410	New York Homœopathic Medical Col- lege, . . . . .	448
Literary Note, . . . . .	303	New York Homœopathic Union, Min- utes of, . . . . .	594
Lithia-carb. 50, . . . . .	51	New York State Hospital at Middle- town. Note, . . . . .	447
Lochia, Allopathic Suppression of. D. C. McLaren, M. D., . . . . .	247	New York State Society, Resolutions of, . . . . .	599
Lowe, J. N., M. D. Carbuncle, . . . . .	23	New York <i>World's</i> Greatest Year, The Note, . . . . .	128
Lutze, F. H., M. D. Gleanings, 366, 474, 551		Nichols, C. F., M. D. Belladonna as a Prophylactic, . . . . .	347
Lycoperdon Bovista, . . . . .	78	Nitric-acid., . . . . .	296, 380, 388, 391, 434, 440, 471
Lycopodium in Diphtheria, . . . . .	166	Nitrum, . . . . .	384, 388, 492, 534
Lycopodium, . . . . .	166, 526, 534	Nosode Prescribing, . . . . .	580
Lycopodium and Lachesis; Compari- son of Throat Symptoms of. E. V. Ross, M. D., . . . . .	259	Notes and Notices, 63, 127, 253, 303, 351, 400, 447, 512, 560, 600	
MacDonald, Overton F., M. D. To the International Hahnemannian Association, . . . . .	148	Notes on the Newer Remedies. Their Therapeutic Applications and Modes of Administration. By David Cerna, M. D. Review of, . . . . .	252
Macfarlan, Malcolm, M. D. Provings and Clinical Observations with High Potencies, . . . . .	50, 286, 375, 526	Nux-vomica, . . . . .	297, 380, 386, 391, 436, 440, 471, 529, 534
Skin Symptoms, . . . . .	50	Onosmodium Virginianum. W. A. Yingling, M. D., . . . . .	358
Symptoms of Sleep, . . . . .	52	Open Letter, An, J. R. Haynes, M. D., 188, 250	
Mahony, Edward, M. D. Clinical Cases, with Remarks, . . . . .	172	Open Letter, A Postscript. J. R. Haynes, M. D., . . . . .	250
Surgical Cases, . . . . .	24	Ophthalmic Diseases and Therapeu- tics. By A. B. Norton, M. D. Review of, . . . . .	61
Malted Milk. Note, . . . . .	127	• Opium, . . . . .	438
Martin, James T., M. D. The Presi- dent's Address, . . . . .	307	Our Meanest Crime. By John H. Clarke, M. D. Review of, . . . . .	61
Mastitis, . . . . .	239		
Materia Medica, Reforming the. Wal- ter M. James, M. D., . . . . .	481		
Materia Medica and Therapeutics, Practical Treatise on. By John V. Shoemaker, M. D. Review of, . . . . .	445		

	PAGE		PAGE
Ovaries, Repertory of the Symptoms of the. Cyrus M. Boger, M. D.,	494	Ranunculus-scel.,	381
Ovi Gallinae Pellicula, Ovi Membranae Vesiculae Purkinge. Samuel Swan, M. D.,	323	Reed, W. L., M. D. Albuminuria,	69
Oxalic Acid. Case of Hernia Cured by,	157	Homoeopathy in Animals,	545
Oxalis, . . . . . 288, 380, 386, 492		Surgical Cases Treated Homoeopathically,	9
Palladium, . . . . . 286, 297, 435, 440		Reminiscences and Criticisms. G. J. Waggoner, M. D.,	332
Patch, Dr. Note, . . . . . 256		Removal. Charles P. Beaman, M. D.,	447
Petrol, . . . . . 52, 375, 434, 440, 530		S. Mills Fowler, M. D. Note, . . . . . 63	
Phosphorus, . . . . . 381, 386, 435, 441, 492, 529, 535		Dr. E. P. Gregory, . . . . . 63	
Physician Himself, Book on the. Review of, . . . . . 302		Dr. F. H. Krebs, . . . . . 560	
Physostigma, . . . . . 490		Dr. A. R. Morgan, . . . . . 63	
Phytolacca-dec., . . . . . 286, 289, 375, 381, 385, 391, 472, 530		Dr. Franklin Powell, . . . . . 63	
Picric Acid, . . . . . 76		Dr. M. D. Satterlee, . . . . . 127	
Pix-liquid, . . . . . 375, 381, 387, 390, 392, 434, 535		Dr. Clarence M. Selfridge, . . . . . 304	
Plantago-major, . . . . . 286, 289, 380, 472		Dr. John Storer, . . . . . 512	
Plantago-minor, . . . . . 289, 375, 380, 389, 392, 435, 441, 472, 529, 534		Dr. J. W. Thomson, . . . . . 447	
Plumbum-acet., . . . . . 472		Repertory, . . . . . 98	
Pneumonia, . . . . . 210, 218		Repetition, The Question of. Howard Crutcher, M. D.,	396
Pneumonia, Typhoid, . . . . . 81, 84, 213		Report of Committee on President's Address, . . . . . 67	
Polygonum, . . . . . 436, 441, 472		Resignation of Dr. Bell, The. James B. Bell, M. D.,	510
Podophyl-pelt., . . . . . 382		Resolutions of New York State Society, . . . . . 599	
Polygonum, . . . . . 286, 389, 492		Rhododendron-chrys., . . . . . 390	
Pompili, G., M. D. Clinical Cases, . . . . . 197		Rhus Poisoning, How to Cure. C. H. Evans, M. D.,	509
Potencies, A Few Cases Cured with the High and Highest. J. Emmons, M. D.,	283	R. F. Rabe, Jr., . . . . . 445	
Potency. What is the Best High. Walter M. James, M. D.,	65	Rhus-toxicodendron, . . . . . 52, 77, 287, 375, 381, 390, 392, 435, 445	
Potentiality Physiologically Proven, by Prof. Dr. Gustav Jaeger, M. D. B. Fincke, M. D.,	37, 268, 314, 414, 450, 458, 555, 577	Richardson, Wm. C., M. D.,	63
Powell, Dr. Franklin. Removal of, . . . . . 63		Rilgworm; Its Constitutional Nature and Cure. By J. Compton Burnett, M. D. Review of, . . . . . 446	
Practical Treatise on Materia Medica and Therapeutics, with Especial Reference to the Clinical Application of Drugs, A. By John V. Shoemaker, A. M., M. D. Review of, . . . . . 445		Roger's Homeopathic Guide. By Dr. L. D. Rogers and Ida Wright Rogers, M. D. Review of, . . . . . 560	
President's Address, The. James T. Martin, M. D.,	307	Ross, E. V., M. D. A Comparison of the Throat Symptoms of Lachesis and Lycopodium, . . . . . 259	
Report of Committee on, . . . . . 67		Rumex, . . . . . 530	
Principles Involved in the Law of Cure. W. E. Ledyard, M. D.,	515	Sabina, . . . . . 79	
Private Home of Dr. Milton J. Roberts, Proceedings of the International Hahnemannian Association, The. Walter M. James, M. D.,	129	Saccharum-lac., . . . . . 292	
Professor Dr. G. Jaeger's Work in America, . . . . . 45		Salvia-off., . . . . . 376	
Proving and Clinical Observations with High Potencies. Malcolm Macfarlan, M. D.,	50, 286, 375, 432, 488, 526	Sambucus-nig., . . . . . 287, 289, 376, 385, 392, 437	
Psorinum, Cases Cured by. I. Dever, M. D.,	88	Sanguinaria, . . . . . 392	
Psorinum, . . . . . 217, 292, 375, 380, 384, 387, 441, 472, 535		Sanicula—Clinical Verifications. J. G. Gundlach, M. D.,	158
Psychopathia Sexualis, with Especial Reference to Contrary Sexual Instinct. By Dr. R. von Krafft-Ebing. Review of, . . . . . 478		Santonine, . . . . . 381, 387	
Puerperal Convulsions. R. E. Jameson, M. D.,	237	Sap-soda, . . . . . 52, 376, 381, 389, 535	
Pulsatilla, . . . . . 381, 437, 534		Sarracenia-purp., . . . . . 376, 382, 441, 535	
Pyrogen, The Pathogenesis of. W. A. Yingling, M. D.,	444	Sassafras, . . . . . 390, 488	
Pyrogenum, Clinical Verifications of. G. W. Sherbino, M. D.,	204	Satterlee, M. D., M. D. Has Removed, 127	
Pyrogenum (Pus from Septic Abscess). W. A. Yingling, M. D.,	402	Saunders, Mr. W. B.,	64, 600
Pyrogenum, . . . . . 210, 401		Scabies: Can it be Cured with the Simillimum? E. T. Adams, M. D.,	144
Quackenbush, Dr. A., has Succeeded Dr. Cook, . . . . . 560		Sciatica. Chas. B. Gilbert, M. D.,	346
Rabe, R. F., Jr. How to Cure Rhus Poisoning, . . . . . 445		Scientific American, The, . . . . . 128	
Ranunculus-acris, . . . . . 381, 387, 389, 392		Scientific Medicine—A Medical and Surgical Review. Thos. Wildes, M. D.,	261



	PAGE		PAGE
Sleep, Symptoms of. M. Macfarlan, M. D., . . . . .	52	Tomhagen, J. A., M. D. Surgical Cases, . . . . .	34
Small, Edward Payson, M. D. The Editorial in the July Number, . . . . .	511	Transactions of Forty-fifth Session of American Institute of Homœopathy. By Pemberton Dudley. Review of, . . . . .	480
Special Diagnosis and Homœopathic Treatment of Diseases. By T. de Suzzi Verdi, M. D. Review of, . . . . .	253	Transactions of World's Congress of Homœopathy, . . . . .	511
Spigelia, . . . . .	382	Translator's Preface from the Translation of <i>The Organon</i> . B. Fincke, M. D., . . . . .	46
Spongia, . . . . .	382, 530	Trifolium-prepens, . . . . .	377, 383, 390, 442, 473, 530
Stannum, . . . . .	441	Tritium, . . . . .	383, 387
Statue of Hahnemann, The, . . . . .	253	Trombidium, . . . . .	289, 387
Stearn's Dose-Book. Review of, . . . . .	447	Tuberculosis of Bones and Joints. By N. Senn, M. D. Review of, . . . . .	59
Steinrauf, William, M. D. Clinical Notes, . . . . .	348	Tuberculosis of the Joints can be Cured by Medical Treatment, Six Cases Treated Showing that. W. L. Morgan, M. D., . . . . .	137
Electro-Homœopathy, . . . . .	399	Tumor of the Neck Treated by the Use of the Knife followed by Death. F. S. Davis, M. D., . . . . .	2
Stover, Dr. John. Removed, . . . . .	512	Tussilago, . . . . .	468, 473
Stow, T. D., M. D. Clinical Contribution, . . . . .	217	Twelve Tissue Remedies of Schussler, The. By Wm. Boericke, M. D. Review of, . . . . .	300
Compound Fracture of Leg, . . . . .	31	Typhoid Fever, Relapse from, . . . . .	215
Stramonium, . . . . .	488	Typhoid Pneumonia, . . . . .	213
Strontia-carb., . . . . .	472, 488, 493	B. Le Baron Baylies, M. D., . . . . .	81
Sulphate of Morphia, . . . . .	382	Cured with Hyos <sup>damm</sup> , A Case of. Samuel A. Kimball, M. D., . . . . .	84
Sulphur, C. M. (F. C.). Curious Case of Double and Eccentric Vision cured by two doses of. Thomas Skinner, M. D., . . . . .	364	Uva-ursa, . . . . .	377, 387, 442, 489, 531
Sulphur, . . . . .	364, 376, 382, 385, 434, 441, 488, 490, 527	Vaccination. Report of Committee on, . . . . .	17
Sulphuric acid, . . . . .	435, 527, 530	Vaccination, Value of, . . . . .	598
Suppression of Symptoms, The. Walter M. James, M. D., . . . . .	467	Vaccinum and Variolinum. John Hall, M. D., . . . . .	392, 510
Surgery, American Text-book of. Review of, . . . . .	63	Valerian, . . . . .	489
Surgery, Essentials of Minor. By Edward Martin, A. M., M. D. Review of, . . . . .	599	Value of Vaccination, . . . . .	598
Surgical Cases (so-called) Cured Homœopathically. W. E. Ledyard, M. D., . . . . .	17	Verbascum-thap., . . . . .	389, 436, 468, 472, 493, 531
Surgical Cases. Edward Mahony, M. D., . . . . .	24	Vision; Double and Eccentric, Curious Case of, Cured by Two Doses of Sulphur. Thomas Skinner, M. D., . . . . .	364
J. A. Tomhagen, M. D., . . . . .	34	Waggoner, G. J., M. D. Reminiscences and Criticisms, . . . . .	332
Surgical Cases Treated Homœopathically. W. L. Reed, M. D., . . . . .	9	Ward, John M'E., M. D. A case of Cuprum Poisoning, . . . . .	280
Surgical Operations. Two Successful Homœopathic. J. H. Allen, M. D., . . . . .	14	Wells on Intermittent Fever, . . . . .	450, 562
Swan, Dr. Samuel. In Memoriam, . . . . .	557, 589	Wesselhoft, W. P., M. D. A Case Cured with Argentum-nitricum, . . . . .	110
Swan, Samuel, M. D. Ovi Gallinæ Pellicula Ovi Membrani Vescula Purkinge, . . . . .	323	Western Hahnemannian Club, The. Horace P. Holmes, M. D., . . . . .	284
Sycosis. A. McNeil, M. D., . . . . .	400	Whooping-Cough and Pneumonia Cured by Cuprum-metallicum, . . . . .	168
Sycotic Dysmenorrhœa. George H. Clark, M. D., . . . . .	94	Wildes, Thomas, M. D. Scientific Medicine. A Medical and Surgical Review, . . . . .	261
Symphytum-off., . . . . .	289, 376, 383, 387, 441, 473, 493	Woorari, . . . . .	289, 292, 377, 389, 392, 442
Symptoms of Sleep. Malcolm Macfarlan, M. D., . . . . .	52	World's Congress of Homœopathic Physicians and Surgeons at Chicago. Note, . . . . .	254
Tabes Dorsalis, . . . . .	117	World's Congress of Homœopathy, A. Pemberton Dudley, M. D., Sec., . . . . .	54
Taraxacum, . . . . .	377, 435, 468, 530	World's Congress Notes, . . . . .	55
Tart-emet., . . . . .	383	World's Congress Transactions. Pemberton Dudley, . . . . .	511
Tellurium, . . . . .	377	Yale Chair, The. Note, . . . . .	128
Terebinth., . . . . .	290, 376, 383, 385, 473, 488, 493	Yingling, W. A., M. D. Calendula-off., . . . . .	337
Therapeutics of Cholera. By P. C. Majumdar, M. D. Review of, . . . . .	600	Onosmodium Virginianum, . . . . .	358
Text-Book of the Theory and Practice of Medicine. By William Pepper, M. D. Review of, . . . . .	251	Pyrogenum (Pus from Septic Abscess), . . . . .	402
Theridion, . . . . .	289, 435, 489	The Pathogenesis of Pyrogen, . . . . .	444
Thomson, Dr. J. W. has Removed, . . . . .	447	Zinc-met., . . . . .	392
Throat Symptoms of Lachesis and Lycopodium. Comparison of. E. V. Ross, M. D., . . . . .	259	Zinc-sulph., . . . . .	383, 392, 489, 531
Thuja, . . . . .	52, 77, 473	Zingiber, . . . . .	472
Tissue Remedies, Twelve, of Schussler. Review of, . . . . .	300		
Tobacco, . . . . .	531		
Tobacco, Pathogenetic or Toxic Effect of. S. Seward, M. D., . . . . .	202		
Tomhagen, J. A., M. D. Clinical Medicine, . . . . .	219		
Hemorrhage following Abortion Readily Controlled by the Indicated Remedy, . . . . .	246		

THE  
HOMŒOPATHIC PHYSICIAN,  
A MONTHLY JOURNAL OF  
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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EDITORIAL.

THE DELAY IN ISSUING THIS NUMBER.—In wishing the subscribers to THE HOMŒOPATHIC PHYSICIAN a Happy New Year, the editor must also apologize for the late appearance of both the December and January numbers. This delay was owing, in the first place, to the work of getting out the index for the year. To the inexperienced in such matters, a perusal of the index will not impress them with the magnitude of the task. We can assure them, however, that it is really immense. This work has delayed the December number and consumed the time that should have been given to the number for the present month.

It is also to be regretted that a great deal of valuable matter had to be crowded out this month. It would have been a pleasant duty to the editor to have given much more of the proceedings of the Internationals. It was not possible to do so, however, within the limits of the number of pages which our financial resources will allow. Therefore these papers have been postponed. The Preface to *The Organon*, on page 46, is published by request of Dr. Fincke, as an answer to Dr. Wesselhœft's attack in *The Homœopathic Recorder*.

## INTERNATIONAL HAHNEMANNIAN ASSOCIATION MEETING OF 1892.

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### TUMOR OF THE NECK TREATED BY THE USE OF THE KNIFE, FOLLOWED BY DEATH.

TWO SIMILAR CASES TREATED WITH REMEDIES AND BOTH CURED.

F. S. DAVIS, M. D., QUINCY, MASS.

CASE 1.—Mr. J. M. H., æt. eighty-seven. A very well preserved man, above medium height; large frame and of average weight; dark eyes; hair formerly dark, now white; occupation, shoemaker. Consulted me December 23d, 1891, for treatment of a swelling on right side of neck just above the clavicle and directly over the large blood-vessels.

The tumor was about two inches through at base, was quite soft, and appeared filled with fluid. It was painful, a beating being constantly felt in it. I advised the use of remedies, but he would not stop short of having it opened, so he might be done with the sore at once. He consulted Dr. Horace Packard at the Massachusetts Homœopathic Hospital, who drew from the tumor quite a quantity of fluid for examination and set a day for operation—January 2d, 1892. On that day the tumor was opened by directing through the apex and opening two inches long to the base of tumor. A yellowish fluid escaped, exposing the deep-lying jugular. A little gauze was pressed into the opening, and the patient returned to Quincy, where he died of pyæmia January 25th. The wound never gave any signs of healing, remaining open and discharging a thin fluid of a peculiar musty odor. There was no relief for the pain; it was rather increased.

CASE 2.—Miss J. B., of Boston. A short, thick-set woman, æt. forty-three. Dark hair and eyes; who had enjoyed quite good health for years.

Was in charge of laundry work in a hotel. Her duties kept her in the basement of building, and it was often more or less damp there and quite cool most of the time, as no sun came into the room. States that two weeks ago noticed a swelling on



left side of neck quite low down and just in line downward from the ear. The swelling was *hard* and *painless*. Consulted Dr. Richardson, of Boston, who *painted* it and also advised a poultice, which was used for several days. Dr. R. got a room at the hospital, and was to open the swelling when sufficiently softened.

By a friend she was advised to consult me if she wanted to be cured without the knife.

She called on me February 26th, and gave me the history of her case, adding that just before the swelling begun she had an attack of nausea with chill and vomiting of bile; bowels irregular and constipated. She said she thought she might have got cold working in the *cold and dampness*. I gave one dose of Dulc.<sup>200</sup>, and the swelling gradually disappeared, and there has been no trouble since.

CASE 3.—Michael B., æt. thirteen months, was brought to me April 24th, 1892, with an abscess forming on left side of neck below left ear. It was a little soft at apex, not much painful, about two inches in diameter.

The child presented a skin with disposition to suppurate wherever scratched, and, at *roots of nails*, there were little nodules under the skin about neck and of the scalp about neck.

The mother of the child feared the abscess would have to be cut and wanted to poultice it. This I did not permit.

One dose of Sil.<sup>200</sup> cured the case, bringing the abscess to a head and opening without the knife, and improved the health.

I have reported these cases because, while treating them, I was impressed with the importance of assisting nature with homœopathic treatment rather than interfering with her efforts by using the knife.

That there are cases calling for surgical treatment no one will deny, but I believe it is our duty to insist that wherever it is possible to do so, the indicated remedy must be given a sufficient time to test its powers to help every case.

By *treating* the *patient* rather than the outward manifestations of disease we may most surely meet with success.

The use of the knife never can remove from the patient any disease; it never can give new force to the efforts of nature. The

vital principle is not strengthened by its use, neither is the constitution fortified against any disease. Why should it be used until the more certain and deep-acting homœopathic remedy has failed to restore the vital-force to its natural harmonious action?

#### DISCUSSION.

Dr. Long—In the third case was the tumor anterior or posterior to the ear?

Dr. Davis—Directly under the ear.

Dr. Dever—Dr. Davis's paper confirms the fact that homœopathic remedies will cure cases considered surgical, but it does not settle the question when the time for remedies ceases and the time for surgery begins. There are many cases which come to us which have been allowed to drift into an incurable state. A homœopathic physician has not been called in, and the case has been neglected, the vital-force has been exhausted by disease, and it is then necessary to use surgical interference. It is true that we draw a dividing line at a different place from the rest of our school, but still we have a place for it. The tendency of the discussion so far would lead an outsider to the conclusion that surgery was never to be employed.

Dr. Fincke—I am sorry that the paper of Dr. Stow was not read, because it treated on that very point. I wish he was here to read it, for that is a difficult point to decide upon.

Dr. Winn—I saw the case that Dr. Davis writes of at the time of the operation. Dr. Packard opened the sac, and a clear fluid-like serum came out. He found some very deep sinuses, and concluded it would be ill-advised to do anything further. The whole operation was trivial; it was done by chilling the surface and puncturing. I cannot see any points of comparison between the two cases, and think the operation had nothing to do with the fatal termination of the case.

Dr. Davis—I have simply to say that in reporting these cases I was lead by the results of observation on the case before and during the operations. The patient was aged and feeble at best, and would not live many years, perhaps, under any circumstances. I thought that by using the remedies indicated by

his constitutional peculiarities I might do better than by an operation.

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## A CASE OF GLAUCOMA.

A. G. ALLAN, M. D., PHILADELPHIA, PA.

I have presented this case in the Bureau of Surgery instead of Clinical Medicine, because the allopathic treatment of glaucoma is purely surgical. Their method is to perform iridectomy or sclerotomy. In their hands medicines are of no avail; the knife alone is their only resort. But it will be seen by the results in this case that medicines can control this disease.

I have always looked upon much of the pain and disastrous consequences of glaucoma as due more to pressure which seems almost mechanical than to a purely dynamic disturbance, and many of the unsatisfactory results of medicinal treatment I felt constrained to attribute to that cause.

But the result in this case shows that the similar remedy is capable not only of removing the violent subjective symptoms that give the patient such severe suffering, but that it can reduce the tension and accomplish what not even the knife can—a cure of the disease.

November 5th, 1891.—Mrs. W., aged sixty-one, presented herself for treatment suffering with an attack of acute glaucoma of the right eye. She was taken suddenly seven weeks previous to this date with violent pain, photophobia, redness and watering of the eye. She had immediately consulted her family physician, in the small country town where she resided, and he, though a homœopathist, had resorted to palliation, as well as to internal medication. Finally, recognizing the inability of his treatment to cure the case, he advised her to go to Philadelphia and have iridectomy performed as a last resort. Her sufferings, except when thoroughly under the influence of Morphine, were, up to date, what she called almost impossible to bear.

The following is the record of the case from day to day :  
Right eye, lens hazy, with greenish pupil; pupil dilated; iris

greenish; anterior chamber very shallow. Tension—eyeball as hard as stone. Eyeball very red, sharp, shooting pain coming and going suddenly; sharp, shooting pain extending into forehead, attended with a sudden gush of tears; aching in eyeball, worse on moving the lids; lachrymation scalding and hot to the eyeball; upper lid swollen, œdematous, of a deep red color, and opens with difficulty; photophobia; aggravation of symptoms in a bright light; frequent sneezing; during the attacks of sneezing the lids of right eye feel as if they everted with terrible pain in the eyeball and forehead; no vision; can distinguish light from darkness. Received Bell.<sup>cm</sup>, seven doses, half an hour apart. Took first dose at five P. M.

November 6th, 1891.—She seemed to be worse during the evening but fell asleep at eleven P. M., and slept all night and awoke *free from pain*. Less redness; not so much soreness on winking; no sneezing; no lachrymation. Eyeball not nearly so red.

November 7th, 1891.—Tension not so hard. No pain, lachrymation, or photophobia. No soreness on winking; no scalding by tears. Eyeball scarcely red at all. Had some slight smarting in the eyeball early in the morning.

November 9th, 1891.—Continued improvement. Tension; can feel slight elasticity in the eyeball. Eyeball, scarcely any redness discernible. Lid not nearly so swollen and can open nearly as wide as the other eye; color of the lid not so dark.

November 11th, 1891.—Tension the same as on the ninth instant. Eyeball redder, had some pain in it during the night, toward morning probably about three A. M. Some watering. Gave Bell.<sup>cm</sup>, one dose.

November 12th, 1891.—Improved. No redness about the cornea. No pain. Lid the same color as that of the other eye; can open eye same as the other; no lachrymation or photophobia.

November 14th, 1891.—Improved eyeball looks clearer white. Tension diminished; no congestion about cornea.

November 16th, 1891.—Eye same as last time; tension same; iris nearly the same color as that of the left eye; pupil



smaller, can see slight reaction under the stimulus of light ; pupil now has the same black appearance as that of the left eye.

November 17th, 1891.—Eye looks redder and watery again. Had some pain at three A. M. with heavy feeling. Stormy weather.

November 18th, 1891.—Eye still red and watery, otherwise no change since last here. Gave Bell.<sup>cm</sup>, one dose.

November 20th, 1891.—Eyeball not so red ; does not water. Lid does not feel heavy.

November 25th, 1891.—Eyeball much more congested. The lid looks heavy ; some photophobia and watering, and some pain at long intervals in eyeball and forehead. Besides she complains of the following new symptoms : sweating over the body at night, feels too warm in bed, pushes off the covers to get cool, but soon has to cover up again lest she chills ; sensitive to draughts of air. When she sweats notices eye waters more and feels worse. Feet get cold, does not notice it herself, but they feel cold to others when touched. Feet cold at night ; when they are cold upper part of the body feels hot. Feet get cold, also cold legs as far as to the knees. Pain in the tibia worse when it rains and at night and when where it is *very* warm. Soles of feet burn, wants to put them out of bed to cool them. Pains worse from motion. Eye pains and symptoms are all worse when where it is warm, as about the kitchen fire—she cannot do any cooking on this account. Eye pains and symptoms also worse during night and in bed. Since Belladonna has always been followed by good results, gave another dose of Bell.<sup>cm</sup>, although the symptoms seemed to point very strongly to Mercury.

November 28th, 1891.—No improvement. Apparently in *statu quo*. Gave another dose of Bell.<sup>cm</sup>.

November 30th, 1891.—Eye looks worse. Tension has not increased but remains the same. Belladonna had evidently done all the good it could, so gave Merc-viv.<sup>cm</sup>, one dose.

December 1st, 1891.—Eye feels better but appears about the same as yesterday.

December 2d, 1891.—Eye appears *very* much better, not

nearly so much pericorneal congestion. No pain or photophobia. Can sleep better, does not perspire by night.

December 3d, 1891.—Very much improved. The pericorneal injection is very slight. Tension much less than at any time; can hardly tell whether the tension is increased or not. Pupil is smaller than at any time and contracts and expands perceptibly. Color of iris is more normal than at any time previously.

December 5th, 1891.—Eyeball redder than when last here. Some lachrymation. Had some shooting pain in eye last night (stormy all day yesterday). Gave Merc-viv.<sup>cm</sup>.

December 8th, 1891.—Eye looks much better than at any time since she has been under treatment. Tension still diminished. Pupil smaller. Color of iris the same as that of the other eye. Iris responds some to light.

December 10th, 1891.—Eye does not appear as well as it did the last time she was here. Somewhat watery looking.

December 11th, 1891.—Eye appears better.

December 12th, 1891.—Eye appears the same. She had a dull pain over the eye and in the forehead on awakening, so gave Merc-viv.<sup>cm</sup> (F.). Since the 8th instant the eye has, with the exception of a partial dilatation of the pupil, appeared normal. At this time the epidemic of influenza was at its height; some members of her family were sick, and she was very anxious to get my consent to go home to take care of them. As she never returned and I was unable to get any word from her, I inferred that she had returned home on her own responsibility.

If we look carefully at the notes of this case, we shall see that the remedies given actually controlled the disease, so we have a demonstration of the ability of the potentized remedy to cure glaucoma.

But there is another point to be observed. It is the custom to give the patient drops to put into the eye made of Eserine, an alkaloid extracted from physostigma, to reduce the tension. I wish to say that if you want to have the highest potencies do any good in this disease you must not use Eserine locally. It takes very little to disturb the action of a potency. I have positive evidence of their action being suspended by even so

trivial a thing as a hearty meal, being a long time in a crowded room, and fatigue from a long walk. The tension, we see by our case, can be reduced by the natural reaction from the remedy much better than by Eserine. At the last few visits of our patient, after the administration of the second dose of Merc. especially, it was impossible to discover any increase in the tension whatever. If the remedy will accomplish this, then such local measures as Eserine should be discarded as superfluous and obsolete. For all topical applications make an impression upon the vital-force, rendering the action of the internal medicine uncertain. In such a disease as glaucoma we cannot afford to trust to an uncertainty. We know our potencies and what they can do when not interfered with, and we know they can be trusted, which is more than we can say of any method borrowed from our friends the allopaths.

#### DISCUSSION.

Dr. Wesselhœft—What was the condition of the sight after the administration of the medicine?

Dr. A. G. Allan—When the woman came to me there was very little sight indeed. She could tell light from darkness, but that was all. Afterward, she was able to tell when a hand passed between her face and the window. It was a case of very acute glaucoma. The nerve was injured to such an extent that repair was impossible. The whole interior of the eye was hazy, and the pupil greenish. The iris was pressed forward. After treatment, the pupil contracted to very nearly the same size as that of the other eye, the anterior chamber became deeper, and the iris remained bulged forward but very little.

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#### SURGICAL CASES TREATED HOMŒOPATHICALLY.

W. L. REED, M. D., ST. LOUIS, MO.

A few years since, a young man came into my office apparently suffering great pain. Had his hand elevated before him, holding it with the other. When his hand hung down the pain



was unendurable. He called for a basin of cold water, as bathing the hand afforded great relief. Had slept none for four nights. The pains were of a burning, stinging character, accompanied with chilliness. He had fallen asleep during the forenoon in a wagon-shed, being exhausted. He threw out his arm over his head. The sun fell upon it and instantly awoke him, with intense pain, requiring a cold bathing. He came to get his finger lanced. The forefinger of the right hand was greatly swollen, of a bluish red color. He said he had a felon. Now, as to what was the matter with this boy did not particularly concern me. An allopath, or a pathological homœopath would have at once split the finger with a lancet, to relieve the tension. Well, this would surely have done it, but have you, in such a procedure cured your patient? The cause that produced the felon has not been removed. The felon is only the product of a diseased condition of the organism. Is there anything scientific in treating the product of disease? I did not have to use a lancet, because I happened to be conversant with the pathogenesis of a drug that produces such similar symptoms upon a healthy organism. I commiserate the poverty of *materia medica* in a physician who fails to "catch on" in such cases. No intelligent physician has to resort to such barbarous procedures to combat disease. A knowledge of the pathogenesis of *Pulsatilla* is all that is necessary to afford complete and perfect relief. It is sufficiently clear to all present. I gave him one dose of *Puls.*<sup>51m</sup> dry, on his tongue. In twenty minutes, he said his finger felt better. In one hour and twenty minutes he left my office for home, his hand swinging by his side. No desire for cold applications nor any more pain. Went to bed and slept fifteen hours; awoke with his finger freely discharging laudable pus. Came to see me and had experienced no pain during the twenty-four hours after taking the medicine. I gave no more medicine, but plenty of S. L. Dressed the finger in absorbent cotton. He had a rapid recovery. He came to me in about six months with another felon developing on the forefinger of the left hand. The same symptoms were present. I gave two doses of *Puls.*<sup>51m</sup> (F.), which speedily aborted the

whole affair. The last time I saw him, which was two years after, he had had no further trouble.

No. 2.—A lady called me to see her daughter, who was suffering very severely from a hard hot swelling on the palmar surface of one of her thumbs. She had not slept any for three nights. She was so cross they could scarcely live with her. No one could come near her or speak to her. Wanted to sit by the kitchen stove all the time and have the hand wrapped up warm; scolding any one who would open the door or walk heavily upon the floor. There was intense swelling with throbbing and fluctuation.

“Is it not a felon, Doctor?” says the mother; “does it not need to be opened?” “Yes; but she must have something to relieve the pain.” The girl acquiesced with my statement, and gave her mother a scowl for suggesting such barbarous notions. “Let her take a teaspoonful of this medicine in the glass every half-hour or till she goes to sleep. Then stop till I see her again.” At four P. M. she began taking the medicine, and by eight P. M. she was sound asleep. To this intelligent assembly it is needless to state that *Nux-v.*<sup>200</sup> was the remedy given. The pains all were speedily assuaged, and next morning it was discharging freely. The girl was sweetened up gloriously, to the infinite satisfaction of the whole family.

This is one of the many cases of a similar character that I have cured with *Nux-vom.* No occasion to resort to surgical measures for relief of the pain. One case I remember where there was a felon on each thumb with all the above symptoms speedily cured with *Nux-vom.*

No. 3.—A lady sent for me to call and see a “gathering,” as she called it, in the axilla. She was obliged to hold up the arm constantly and sit by the stove. I found redness, heat, and swelling and extreme sensitiveness to *touch*. She could not bear to have a poultice applied. Been suffering for three days, with very little sleep. “Will it have to be opened?” she inquired. “Yes; but I shall not torture you by resorting to surgical measures. Take a teaspoonful of this medicine every hour till you sleep. She soon was relieved, and was freely discharging pus by nine o’clock P. M. The remedy in this case is also clear

to a homœopathician. Hepar-sul. will nearly always be indicated in such cases.

The same afternoon, just across the street, another case of arm-pit boil, with the same symptoms, was speedily cured in one night's time with Hepar-sul. These cases were wonderful lessons to me, as I had just espoused the cause of Homœopathy. I was gloriously enthused and was obliged to be satisfied with glory, as that is all the pay I ever got for treating them.

There is a great deal of similarity between a Nux-vom. and a Hepar-sul. felon, and there is a striking dissimilarity. Both assail the palmar surface of thumb, Nux either thumb or both at the same time; seldom if ever the finger—at least, I have never seen the finger that required Nux. In Nux we have great over-sensitiveness to impressions upon the senses; noise, smell, light, music, other people's talking, draught of cold air, opening of doors. Both have irritability, but Nux is more marked; more vehement. In Nux there is very little sign of matter except a fluctuation. In Hepar there is yellow skin, the whole surface shows deposit of matter underneath the skin. Great sensitiveness to touch is the characteristic distinction—a throbbing pain in each; but the weight of the poultice cannot be endured in Hepar-sul. The right thumb is usually the one assailed, or one of the fingers in Hepar. Both desire heat and worse from a draught of air. In the *Guiding Symptoms* there is undoubtedly a grave error. See Nux. The text reads < from warmth and warm water; should read > from warmth and warm water and heat of bed, < letting the limb hang down. This I have frequently verified.

The similarity between Puls. and Fluoric acid is very striking. Both require cold applications and both are often required in treating felons. Fluoric acid is more often required in simple onychia where cold applications relieve. Ledum also causes onychia from pulling off hangnails or a hurt, where cold also relieves. Fluoric acid, like Puls., usually attacks the first and second phalanx of index fingers. In Fluoric acid the pain is like that of Silicea, deep seated beneath the periosteum, and usually known as a bone felon. The finger usually swollen to four times its size, and in Fluoric acid opens



on the dorsum of the finger, and exudes an ichorous, purulent discharge. Same as Puls., worse in the evening, finger usually of a pear shape in Fluoric acid.

Homœopaths ought to preach what they believe. "When right in it, put might in it." I might give many more such cases as here given; all of which have been very successfully treated by a strict observance of the law as transmitted to us by our fathers. We have received from our illustrious predecessors many evidences of the all-sufficiency of the law. No language is too strong, no logic too vigorous, no scholarship too thorough, no eloquence too rich and copious to convey the wonderful beauties of the efficacy of the simillimum to eradicate the disease.

I commiserate the ignorance of the physician who is obliged to resort to pathological prescribing to cure the sick. Are we losing the wisdom of our fathers? Ought we not to know more than they when our resources are so much greater? And now, my fellow-physicians, may I not make bold to affirm that the time has come when we ought to be progressive, to measure up to the demands of the age, to realize the brightest destiny of our glorious system of medicine. We must hail with sincere joy every honest and legitimate agency which promises to close up the ranks, and unify the aims and purposes and methods to disseminate the true principles of Homœopathy.

#### DISCUSSION.

Dr. Hitchcock—In this connection I wish to ask a question in regard to *Juglans Nigra*, the black walnut. A friend of mine, a carpenter, found he could never work in black walnut without the fingers and thumbs of both hands becoming covered with hangnails. Is there anything in the proving of *Juglans Nigra* having a bearing on that condition?

Dr. James—I want to enter a protest against the use of the crescendo and diminuendo mark in provings. Quite a number of errors have crept into our works through their use, through the marks getting reversed—a very easy thing for the printer to do. It is to the use of these marks that we owe the errors in *The Guiding Symptoms*, to which Dr. Reed refers.

## TWO SUCCESSFUL HOMŒOPATHIC SURGICAL OPERATIONS.

J. H. ALLEN, M. D., LOGANSPORT, IND.

CASE A.—Mrs. C., age fifty-one, large and fleshy, of a bilious temperament, subject to rheumatism, and catarrhal colds of the head and lungs; has family history of psora. Has always been treated homœopathically. Six years ago I removed a large tumor from the left scapular region, from which she suffered much pain in using the arm. After the removal of the growth, which was a large one, the wound healed kindly and I discharged her in a few weeks apparently cured. I did not see nor hear from her until one year ago, when she presented herself for another operation, a tumor of a similar nature, which had for the past two years been growing on the left shoulder about three inches from the seat of the former growth, but more anterior, extending toward the neck. I made a diagnosis of the growth similar to the one I had operated upon. When I inquired why she had not applied for treatment sooner, she replied that she knew that nothing but an operation would be of any benefit to her, and as long as she was suffering no inconvenience from it she thought it best not to interfere. It was now causing her considerable pain and annoyance and wished an operation. I should think it would weigh about five pounds. Within the last two months it has grown rapidly and, in appearance, it looked as if it might become a large growth. I assured her that we would not have to operate this time and prescribed *Psorinum*<sup>10m</sup>, Fincke, followed by no medicine for two months. I do not remember now the symptoms I prescribed it on, but at the end of this time there had developed the following symptoms: feet, hands, and face bloated in the morning. No pain in the tumor now, but can see no change in its size or shape.

She perspires freely under the arms, which has a very offensive odor and which rots her clothing. The feet also perspire a great deal, the odor from which is horribly offensive. Has much rawness between the toes, and, for weeks at a time, the skin peels off them.

Silicea<sup>cm</sup> was given, and during the period of ninety days, when all the above symptoms disappeared together with the growth. The rapidity with which this growth disappeared under the profound action of this highly potentized Silicea was truly remarkable; it was as much of a surprise to myself as the patient.

What a pleasure it is to cure one of these cases without the aid of the knife. We have in this case a double cure; not only have we cured the abnormal growth, but we have removed that underlying principle that predisposed her from ever in the future being a tumor-producing patient.

CASE B.—Mrs. B——, age twenty-seven, brunette, married eight years, has one child, age seven, family history good, father and mother living and well. She has had almost perfect health up to three years ago, when she began to suffer with severe pains in the uterus during the menses and almost constant neuralgia of the ovaries during inter-menstrual period. For the past year she suffered more or less with chills which were very severe, coming on early in the morning and lasting for an hour or more, followed by fever which lasted until about two o'clock in the morning, when she would break into a profuse sweat. She seldom slept until the sweating began. She has emaciated rapidly within the past six months of her illness. Her weight has decreased in the past two months thirty pounds. During the past two months she has been confined to her bed and treated for lung trouble, though she has neither cough, soreness, or any pain in the lungs, nor is there any history of a lung trouble in the family. But on a careful examination of her case I find a cancer of the uterus in an advanced stage and that of a sycotic nature. My opinion was confirmed by Dr. E. R. Sawyer, of Kokomo, Ind. The whole right anterior half of the body of uterus was involved, it also extended, in the form of a band, around the rectum, which had begun to ulcerate and is discharging at each stool bloody pus and mucus. The bladder is being infringed upon somewhat, which causes urination to be more frequent and painful. The chills come every day, followed by fever and profuse and debilitating sweats, for which China was



prescribed. The menses have not made their appearance for three months. Previous to the suppression of the menses she had been treated for a profuse acrid leucorrhœa by medicated injections. The urethral orifice is very much swollen, vagina sensitive, ovaries somewhat enlarged and sensitive to pressure. There is a slight watery discharge from the uterus, which produces intense pruritus, and which is relieved by frequent bathing, and has an odor of decayed fish. Medorrinum was prescribed in the CM potency, followed by no medicine for two months. Marked improvement followed this prescription; in one week all her pains had ceased. The ovaries are less sensitive and the symptoms much better in every way. Menstruation came on at the end of the second week after this prescription—though painful, it seems quite normal otherwise. The pruritus has ceased and she cannot detect that peculiar fishy odor nearly as plainly. Chills do not come on nearly as often; for the past four days has had none, which is the first time they have remained away so long for six months. At the end of the eighth week I gave another powder, as she was not as well. From that time on she rapidly grew better. The face grows less pinched and the color better. Her eyes have a less hollow look, and the dark circles are leaving them. The sweats are much less, and she sleeps all night, feeling less exhausted in the morning. No more medicine was given for sixty days, when a severe diarrhœa set in calling for Podophyllum, which was given in water, followed by no medicine for one week, when Conium was prescribed, based upon the symptoms of the mammary gland during the menstrual period.

For the past two months she has done all her own house work, and is improving every day. On examination I find the growth has disappeared and the hypertrophied walls of the uterus have almost resumed their normal condition. A slight thickening remains in the uterine walls, but the tenderness and soreness have all disappeared. I prescribed for her before I left for this meeting what I considered in her case a good prescription, NO MEDICINE.

## ADDITIONAL REPORT OF BOARD OF CENSORS.

James Ferrier, M. D., of New York, Alfred J. Norman, M. D., of Rochester, and Marvin A. Custis, M. D., of Washington, D. C., were elected to junior membership, the Secretary casting the ballot for each.

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## REPORT OF COMMITTEE ON VACCINATION.

In considering the resolutions on Vaccination, your Committee deems the first one of so great importance to every member of this Association that we would suggest that it be referred to a special committee of three, whose duty it shall be to make a general report on the subject of vaccination at the next annual meeting.

Regarding the second resolution, your Committee unanimously recommends its adoption.

H. HITCHCOCK, *Chairman.*

A. R. MORGAN,

W. P. DEFRIEZ,

The second resolution, as follows, was adopted :

*Resolved*, That compulsory vaccination is unjustifiable and contrary to the rights and privileges of the people.

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## SURGICAL CASES (SO-CALLED), CURED HOMŒOPATHICALLY.

W. E. LEDYARD, M. D., SAN FRANCISCO, CAL.

## CASE I.—CHANCRE.

June 19th, 1891.—Coitus one month before this date.

Small sore on penis noticed a week after coitus. When we first saw the chancre it had been present for twenty-five days, daily increasing in size.

It then presented a large granulating ulcer, involving the glans penis and the adjacent part of the prepuce, discharging

*yellowish-green pus*, which was *more profuse at night*, with an occasional *drawing sensation* in the chancre.

The chancre bleeds readily if chafed.

Throbbing and pain in penis.

Swelling and inflammation of glans and prepuce considerable.

Glans and prepuce bluish or purplish-red, with considerable swelling of the prepuce and tenderness of the parts.

Chancre spreading: now consisting of one large sore on the glans, and several small ones on the adjacent surface of the prepuce.

Erections painful, sometimes waking him.

June 19th.—*Merc-viv.*<sup>200</sup>, a dose, dry.

June 23d.—*Merc-viv.*<sup>1000</sup>, a dose, dry.

June 26th.—*Merc-viv.*<sup>4m</sup>, dose, dry, if the improvement ceases.

\*

June 29th.—Took the above.

*Merc-viv.*<sup>4m</sup>, every three hours, for three doses.

[*Merc.* has "swelling of prepuce, and inflamed redness of its inner surface, with painful sensitiveness."]

On the 2d of July, the analysis of the symptoms brought out *Merc. nine times and Nitric acid six times.*

*Merc.* has a thick greenish or yellowish discharge, worse at night. *Merc-viv.*<sup>cm</sup>, one dose, dry.

July 6th shows a decided improvement, consequently he received no medicine.

July 8th.—For aching, burning, slight redness and swelling of testicles, with tenderness to the touch, worse in left testicle, and at night, with great restlessness, gave *Puls.*<sup>cm</sup>, a dose, dry.

July 11th.—The symptoms decidedly less painful.

He is now wearing the "army suspensory," for the support of the testicles.

Did the *Puls.* ameliorate or did the "suspensory" suppress the symptoms? No medicine.

July 14th.—Owing to the return of the burning in left testicle, last night and to-day, with considerable soreness in the chancre, which, however, is *decreasing in size*, I gave *Puls.*<sup>mm</sup>, a dose, dry.



Was it right to repeat the Puls. when the chancre was decreasing in size, although the pain was quite severe?

July 16th.—For burning in left testicle; occasional throbbing in the chancre, and bloody and greenish discharge, gave *Nitr-ac.*<sup>em</sup>, one dose, dry.

July 18th.—The burning continues, and is now also felt in the chancre, worse at night, especially in the left testicle, and is felt soon after going to bed.

Last night sleepless; now restless; can't sit long in one position.

Gland in right groin enlarged.

Were the above symptoms an aggravation caused by the *Nitr-ac.*?

However that may be I gave *Merc-riv.*<sup>mm</sup>, one dose, dry.

July 20th.—For an increase in the above symptoms, with soreness and throbbing in the chancre, aching in left hip, worse after sitting for some time, and somewhat better by walking. *Syphilinum*<sup>mm</sup>, dose, dry.

July 22d.—Greatly relieved since taking the *Syphilinum*.

[*Syph.* has: "Burning in chancre size of a split pea, on prepuce, above corona glandis."]

I gave the patient three powders of S. L., one to be taken in solution at bed-time when necessary.

I was afterward sorry that I had given him the powders, fearing that he would take them whether necessary or not.

July 25th.—He *did* take the powders, apparently with no particularly bad effect. No burning in left testicle last night or to-day; however, the burning in the chancre has been quite severe, and the enlarged gland in the right groin is somewhat tender.

[Under *Syphilinum* we have also: "Buboes commencing in each groin."]

The patient now received no medicine until August 13th. The chancre is now very much smaller and the discharge much less.

Now a complication arose, for the patient (who is a sea-cook) while working in a draught when sweating was attacked by a

severe stitch in the left side; *worse when taking a deep breath; worse by lying on the right (painless) side; better by lying on the back or left side.*

*Bryonia* failed to relieve, and the pain was afterward relieved by *Kali-carb.*<sup>em</sup>, one dose, dry. The chancre was completely healed by the end of August.

This case was under treatment for *two months and a half*. I report it, not because I am proud of it, for this is far from the case. My object is rather to provoke a lively discussion.

I think the case should have been cured in at least half the time. Possibly some one can tell me *where* I gave the wrong remedy; *when* I repeated unnecessarily, and so on.

While treating the case I gave the following remedies: *Merc-viv.*, *Puls.*, *Nitric acid*, and *Syphilinum*. For the complication: *Bry.* and *Kali-carb.*

## CASE II.—GONORRHOEA.

January 25th, 1892.—Male; aged thirty-one; single; light complexion; phlegmatic temperament; subject to very violent attacks of cold in the head, with frequent sneezing and profuse nasal discharges, for the most part watery; inflammation of throat and ears, and deafness. When very bad, senses of smell and taste are greatly impaired; also offensive foot-sweat.

Gonorrhœa: First attack ten years ago; treated homœopathically, the discharge continuing many months. At that time had a bubo in the left inguinal region.

Present attack of gonorrhœa six days. Urethral discharge is thick and *greenish*; slight *scalding* in *fore part* of *urethra* while *urinating*; enlarged and painful gland in left groin; restless at night; painful erections awake him frequently; dull aching in the perineum. *Merc-viv.*<sup>200</sup>, one dose, dry.

January 27th.—About the same, excepting that *gland in left groin is no longer painful*. *Sneezing* frequent in the morning; *nasal voice*; nasal discharge, profuse, clear, somewhat *thick*.

[Severe attacks are usually preceded by *stoppage, first of one nostril then of the other with burning sensation in the nostrils.*] *Merc.-viv.*<sup>200</sup>, in solution, every hour for six doses.

January 30th.—Very *frequent and urgent desire to urinate*, with burning in fore part of urethra; erections at night still very painful; urethral discharge not so profuse. *Merc-viv.*<sup>1000</sup>, one dose, dry.

February 2d.—*Erections not so painful*. Other symptoms as before. *Merc-viv.*<sup>4m</sup>, one dose, dry.

Here I think I did wrong to repeat, as there was a decided improvement.

February 6th.—Discharge about the same. Erections somewhat less painful; not as much turgescence in the penis; pain in urinating less.

Last evening.—Colicky pains in abdomen. This morning: pain in hollow of left knee; painful on pressure and catches when walking.

Numbness of left hand when lying on left side, for two nights. No medicine.

February 10th.—Pains in shoulders on 7th and 8th. No stool for four or five days, until yesterday; urethral discharge varies; urination more frequent, but *without pain*; erections less frequent. No medicine.

February 15th.—Urethral discharge varies, but is somewhat *more profuse at night* (Merc.); erections rather more painful; stream of urine runs *slowly*; no desire for stool for days; frequent emission of flatus. *Merc-viv.*<sup>4m</sup>, in solution every hour, for five doses.

February 19th.—Discharge as before, but pains and erections *less painful*. No medicine.

February 23d.—Last night; sneezing; nasal discharge profuse and watery; frequent snuffling; dryness in throat.

[When a boy, nasal discharge was excoriating, and nose very sore, with scabs in the nostrils. In England, chilblains on feet.]

Urethral discharge less; might not the decreased urethral discharge result from partial suppression, on account of the attack of "cold in the head"? *Merc-sol.*<sup>49m</sup>, one dose, dry.

February 27th.—Lower lip very *red* (Sulph.); *soreness in perineum*, near anus, for two days, *when sitting*; nasal trouble worse at night—not last night; styne on right lower eyelid, not painful;



urethral discharge less, but continues to be more profuse at night. *Sulphur*.<sup>200</sup>, one dose, dry.

April 8th.—Urethral discharge is now slight and of a greenish-yellow color. *Merc-sol*.<sup>49m</sup>, in solution, hourly, for five hours.

April 21st.—Discharge considerable less. *Cough with aching in right temple*. *Puls*.<sup>200</sup>, one dose, dry.

April 27th.—Urethral discharge very slight; whiter in color. Deafness with slight tenderness in ears; nasal discharge slight; voice nasal; gagging with considerable irritation in throat; left tonsil swollen. *Sil*.<sup>200</sup>, one dose, dry.

May 2d.—Urethral discharge very slight. Dull, heavy *aching in pit of stomach*. Had a similar pain in December, 1890. The pain, *then*, also came on after taking *Sil*. and disappeared, but very gradually after *Sulph*. *Sulph*.<sup>200</sup>, one dose, dry.

May 9th.—Pain at pit of stomach somewhat relieved; *no urethral discharge for a week*; deafness continues. No medicine.

May 14th.—The pain is of an *aching* character; it is worse in the afternoon, three or four hours after eating; it is better by eating, and not affected by pressure or eructations, which are frequent.

[The deafness is usually accompanied with singing and other noises in both ears.]

Left ear now tender. *Puls*.<sup>200</sup>, one dose, dry.

May 18th.—Pains in abdomen still very severe; aching and griping; the pains *come gradually and leave suddenly or gradually*. *Nux-v*.<sup>200</sup>, one dose dry, at 3.30 P. M.

This patient has for many years had a small movable tumor (about the size of a marble) back of each ear. It is painless and slightly elastic.

Our experience is that phlegmatic and leucophlegmatic subjects, affected with gonorrhœa, do not yield readily to treatment.

In the above case it took over three months to remove the discharge with the indicated remedy. Our great temptation is

to repeat too frequently, and to change the remedy without sufficient reason.

Would it not have been better if we hadn't given *Sulph.* on the 27th of February, and afterward *Puls.*, *Sil.*, *Sulph.* again and *Nux.*?

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## CARBUNCLE.

J. N. LOWE, MILFORD, N. J.

In July, 1891, a woman æt. about sixty years, of feeble constitution, came to us, having a very large carbuncle upon the palmar surface of left hand.

The entire palm of her hand was rounded up by it, and it presented in every way, as to pathology and characteristic symptoms, the phenomena of a true carbuncle. Her anxiety and suffering were intense, and it was rapidly making serious inroads upon her vital stamina.

The tumor presented a purplish, livid color, hard and burning. She received *Lachesis*<sup>30</sup>. This remedy acted with very desirable efficiency, and with the further supplement of *Hepar-s.c.*<sup>6</sup> and *Silicea*<sup>30</sup>, the case progressed to as prompt a cure, and as good a cure, as could possibly be expected.

There was very free suppuration, as the case had been neglected too long before we saw it, and this result was unavoidable. If taken in time, perhaps the morbid process might have been arrested and dissipated by a due attunement of the vital-forces.

Two other cases of carbuncle occurring in men of ordinarily robust constitutions (both in the hands), died of asserted blood poison. These were treated by the old methods of cutting, free incisions, etc., etc., and in one of these cases, at the last, amputation of the hand was resorted to. These three cases of carbuncle all developed within a period of two or three months.

"Boasting is vain," but truth is not; and therefore we feel disposed to challenge any medical or surgical treatment of septicæmia and carbuncle which stands opposed to the genius of corresponding natural laws of cure.

We cannot over-estimate the true value of Lachesis, in the treatment of malignant septic states and conditions, when its pathogenesis presents the characteristics, individual in their totality, of a true similar.

It is truly a most wonderful remedy in its life-conserving power, when the vital constitution of the organic nerves and blood are going to wreck and ruin.

Under given conditions, a true similar will rescue, when all may seem to be lost. All else is vain, useless, and in fact, cruel.

In our case, concisely stated, without Lachesis we might have drifted without a settled purpose, and thus we most surely would have lost our case. Further, I have omitted the fact, that our patient presented symptoms in course, of auto-infection of the blood—septic. At the worst, when she found herself falling to sleep, she felt as if sinking away, and would arouse herself in alarm, fearing she would die if she went to sleep, and worse after sleep.

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### SURGICAL CASES.

EDWARD MAHONY, M. D., LIVERPOOL, ENGLAND.

Miss B., æt. thirty-six, consulted me first June 29th, 1889, with the following symptoms :

*Head* : Objects go round ; feels as if she would fall forward ; weekly pains ; throbbing for years.

*Chest* : For two years wakes up feeling suffocated, not knowing where she is ; worse before and during menses, which are every three weeks and scanty, and followed by thick, yellowish leucorrhœa. Chest attacks make her feel as if she would lose her reason.

*Mouth* : Bad taste mornings, with coated tongue.

*Stomach* : Pain at epigastrium, affecting breathing as though something were tight and she were breathing through something thick ; can't either lie or sit down, walks about ; aggravation often from 12 P. M. to 1 A. M. ; goes through to back.

*Sleep* : Drowsiness 3 to 4 P. M.



*Fever*: Perspires easily with exercise, also in sleep, all over.

*General*: Worse in hot, thundery weather.

*Tumor*: Twelve months ago burning sensation in right jaw, and a lump, treated allopathically; getting larger about a month. Dead aching, also burning in lump at present, and down the arm. Had Arum<sup>200</sup>, one dose, five days ago. She now received Sulph.<sup>200</sup>, one dose.

July 2d.—Aggravation of pain next day some hours in arm, none since. Yesterday and to-day return of an old symptom, namely, twitching in right eye. No perspiration in sleep last night. Tumor in jaw smaller and can be more defined by manipulation.

*Further information*: Weak back since childhood. Likes everything loose. Coffee, cocoa, and beer disagree. Menstrual pain is most in right ovarian region, and central pain goes through to back.

July 4th.—Ovarian pain is dull, acting hot, with feeling of swelling inwardly, and as though something might give way. To take at next period, Apis<sup>200</sup>.

July 21st.—Feels much stronger, but face more swollen and substance very hard, with lump inside mouth immovable, opposite last tooth of same side, no pain, feeling of heavy weight at vertex, a little pain in face occasionally; at the period there was much pain the first day, relieved after five globules of Apis as directed. Sulph.<sup>200</sup>, eight doses, one night and morning.

August 22d.—She sends the following notes:

July 22d.—Swelling on face larger, with constant aching pain, looking inflamed at night, also swelling on knee and very sore, with pain in hip and leg, especially in the groin and joints.

28th.—Swelling smaller on face and less pain.

30th.—A smarting, burning pain from shoulder to wrist and from hip to bottom of foot.

August 4th.—Pain continuing, causing a weakness in walking, with a drawing of the guides and muscles, also a creeping sensation, followed by a shiver.

11th.—Pain ceased, but suffering with my nerves; could not hold anything steady. I shook and trembled so, and could not

bear the least noise ; this lasted several hours, when the pain in the chest came on, and through to the back.

12th.—Pain continued from shoulder to wrist, and from hip to bottom of foot.

14th.—Monthly period with much pain in lower part of body lasting two days.

16th.—Former pains continuing. Swelling on the knee quite gone ; pain under the arm and in the breast.

21st.—Pains much the same. No swellings. Swelling on the face a little smaller. I am feeling better in myself, and have had no headaches for more than a month. I still have a bad taste in my mouth in the morning that has been going on for the last month. The monthly period pain was worse and lasted longer. I get a little pain occasionally in the swelling on the face, the swelling inside is much the same as when I wrote before. It's not painful, but very hard. I get a good deal of pain down the side of my neck, but not actually in the swelling.

Regarding the above report as indicating a penetrating action of the Sulph. she received Sac-lac.

September 4th.—Still feels better in herself, swelling on face is decidedly smaller, and her color is certainly better. (Her complexion is dusky naturally.) Menses were much less painful than before.

October 4th.—Swelling on face nearly gone, only just a small substance scarcely noticeable ; swelling on both knees gone ; arm and breast still painful when using former, especially in a little enlargement between the collar bone and the breast (right), an aching sick feeling ; this swelling has been getting larger for about a fortnight. No pain at all at period, but piles caused much suffering, which in measure continues. Health very much improved. Graph.<sup>200</sup>, one dose.

October 7th.—I feel so much better in every way, the breast is rather more painful to-day, other things are better.

November 1st.—Pain in breast better, swelling much the same ; the pain is a dull, sick feeling ; swelling on face gradually decreasing ; headache ever since taking a dose of Ena's fruit salt on the 17th ult. Nux-vom.<sup>200</sup>, one dose.

November 28th.—Feeling very much better, indeed well except pain in bosom, and that on the whole is better; swelling on face nearly gone, and that on the breast is a little smaller.

December 27th.—Severe headache with sickness weekly; bad taste mornings; pain in bosom decidedly better. Sulph.<sup>4000</sup>, in three powders, each containing eight doses, to be taken in water at each nismus.

January 13th, 1890.—Headaches, which are at occiput and vertex, less severe, and some hours shorter, accompanied by nausea and retching, a trembling all over, feels as if she must drop everything; bad taste, afternoon drowsiness and vertigo as at first; return of an old neuralgia, sudden in coming and going, right face and temple, worse from excitement or fright. Since a urinary stoppage ten years ago, relieved by catheter, has been subject at times to urging with inability to pass any urine, or very little, which is white. During the last month has had a drawing in hands and feet, especially right, after walking, with pains in middle of right hand and sole of foot. Nails of right hand sore and full. Had a number of warts on both hands, mostly right, eight years ago, which went away of themselves. Pil. Bell.<sup>20</sup>, one every half-hour, when in pain.

January 23d.—Telegraph, whole of head and back very bad; taken eight doses without ease; face flushed (Med.?). In consideration of the tendency to neuralgia from fright, and the symptoms of extremities above mentioned, Lycopod.<sup>200</sup>, was advised, and Lycop.<sup>30</sup> afterward sent.

February 7th.—Above headache lasted nearly three days and nights with nausea; retching was relieved, but pain increased until menses appeared. Pain still, but less. Hands and feet much better. S. L.

March 8th.—Feeling much better. Weekly headache, but not near so bad, can look closely at things without pain or pressure. Breast much the same, a good deal of pain sometimes. Creeping in hands and feet quite gone. Finger-nails very sore at times.

April 8th.—Feeling very well, but more pain in breast and



under arm, with some swelling. Has had three bad headaches. More strain physically and morally.

May 16th.—Feeling very much better; head very well and less pain in breast until last few days, when there has been a most acute pain at right shoulder, going through to breast, like toothache, easier when keeping the arm perfectly quiet, worse putting the hand in cold water, or lifting or grasping anything tightly. *Sepia*<sup>500</sup>, one dose.

29th.—Pain in shoulder no better. A good deal of pain also under arm near bosom, and very sore to pressure; no swelling or substance, relieved by bathing (hot?). A creeping drawing in shoulder when arm is still in the day. No headache; feels very well in herself; face more swollen the last few weeks. *Amm-carb.*<sup>30</sup>, *nocti namque* until relief.

July 4th.—After three days, period appeared, and shoulder pain was relieved, but there is smarting still from back of shoulder through to breast. Menses came again in fourteen days, making her feel poorly. A day or two before, there came a small substance on the side of the neck, about the size of a nut, very hard, smarting the first day, but nearly all gone down again. Pain and pressure at vertex and down back, and she can't look close at anything; burning. *Helonias*<sup>200</sup>, six doses.

August 30th.—Feeling much better, and head so much better. Some return, since last report, of several pains, but these are over now.

February 13th, 1891.—Return of symptoms; pain in lower back, causing difficulty in getting about; menses ceased one month. *Calc-carb.*<sup>200</sup>, three doses.

March 6th.—Pain in back and stomach quite gone; menses returned; bad sick headache five days ago, leaving biliousness; substance in face larger and much pain at root of tongue, going through ear; swelling also at outside of throat, tender to pressure. *Hep.*<sup>200</sup>, one dose.

April 9th.—Feeling very well in herself, face and throat still a little painful; much smarting pain in right breast, going through to shoulder, also under arm, much worse after sewing. *Natr-mur.*<sup>200</sup>, one dose.

May 21st.—Felling very well. A little pain still as above.

June 5th.—Severe cough ; much expectoration while dressing. Two sisters are ill with the influenza. Bry.<sup>200</sup> ter dii.

September 3d.—Return of odontalgia ; worse after sewing, hot food, or drink. Natr-mur.<sup>1000</sup>, one dose. *On examination*, nothing either in cheek or breast of swelling, hardness, or tumor of any sort.

September 8th.—Reports almost unbearable neuralgia of head and face, followed by exhaustion. Regarding this as medicinal, I sent S. L.

November 19th.—Feeling very well in herself, and has been for some time, no pain in bosom since neuralgia above reported, but weekly headaches, especially on vertex and in eyes, sometimes with vomiting, and itching rash on hands, burning after rubbing or scratching, and better from hot water ; both fore-fingers constantly going stiff. Sulph.<sup>200</sup>, weekly.

December 24th.—Great relief ; no headache while taking weekly powders ; bad sick headache on omitting them. Irritation on hands entirely gone, and general health very well. Sulph.<sup>4000</sup>, weekly.

February 16th, 1892.—Still has headaches unless taking medicine, also on getting up from sitting there is pain at the bottom of the back ; pains also on sitting, unless leaning forward, just the bottom of the bone ; most after walking ; several weeks. Sulph.<sup>50m</sup>, weekly.

March 18th.—Return of pain in head the last month ; cannot look at anything long. Pain still at bottom of back. Nitr-ac.<sup>200</sup>, weekly.

April 4th.—Head better after an aggravation preceding the period ; feels fairly well, but pain in back still. Nil.

#### REMARKS.

This patient came to me after having been under the care of an allopathic surgeon of celebrity, indeed, the operating surgeon of a fashionable inland town in this country. I wrote to my patient a few days ago for particulars of this gentleman's opinion and treatments, and her reply is as follows :

“DEAR SIR:—Yours to hand this morning. Four years ago

the swelling first came in my face. I then had some ointment of the chemist to rub it with night and morning, which I did for several weeks; finding it got no smaller and not feeling very well, I consulted Dr. —, and he said then it was indigestion and weakness, and advised me to go away for a change, which I did and was much better; the swelling went down a little, but not entirely away. I told Dr. — I had been rubbing it with ointment, and he advised me not to do so. I was then under him a fortnight. Twelve months afterward it became worse again, and I consulted Dr. — at once, and he at the first consultation said it was a growth, and must be operated on at once as there was nothing else for me.

“I was then under him three weeks. Then a few weeks after my return from Liverpool. Dr. — acknowledged that he was wrong and that it would pass off in time.”

I may add here that the patient told me Dr. — had said to her, if you can get that tumor removed by any internal treatment whatever, I will believe in it, whether it is Homœopathy or anything else. I endeavored to persuade her to go and show herself to him when the tumor had quite gone, but she could not summon courage, being a sensitive, nervous person. For myself, I should certainly have said, in the language of the pathology of the day, that it was a malignant growth, both from its history, firm structure, and adherency, and the way in which the breast on that side threatened growths gave me anxiety for some months.

Speaking in Hahnemann's truer lines the growth may have been sycotic, but I quite think any allopath whatever, giving his unbiassed opinion would have pronounced the tumor one only to be eradicated by the knife. Dr. —'s second opinion, as recorded by my patient, being, after several week's homœopathic treatment, which, as the notes show, had altered both the size and appearance of the growth, I regard as complimentary rather than otherwise. The patient is still troubled with headaches, but no one now would suspect anything but what is functional in her complaints, and were she only living in Liverpool and regularly presenting herself, the probabilities are in favor of her having got rid of these by this time.



## COMPOUND FRACTURE OF LEG.

T. D. STOW, M. D., MEXICO, N. Y.

On the evening of February 10th, 1892, was called to see F. L. K., a tall, heavy young man of twenty years, who sustained a fracture of the tibia and fibula in the lower third. There were two wounds on the inner face of leg communicating with the broken ends of bone, from which there was not rapid, but continued flow of blood. The leg—right one—was then not badly swollen, nor was there much ecchymosis. He was a stone-cutter, and was at work on a shaft of granite, that rested on one of its sides some three feet from the floor, the shaft weighing some nine hundred pounds. As he was trying to move the blocks that supported the shaft, one of them slipped, and the shaft of granite fell to the floor, breaking his leg, as before stated. The wonder is, his leg was not crushed to a jelly. The accident occurred in a neighboring town, and he was brought home on a railway train. I did not examine the limb until the next day, for it had been dressed by two physicians living in the village of Sandy Creek, where he was hurt. The limb rested as it was at first placed, on a double-inclined Day-splint, for some ten days. After that, I put it in a newly-designed fracture box, having a half-circle copper trough in the bottom, with conducting-pipe and rubber-tubing attached, by which to convey pus and irrigating fluid into a pail below. For some five days from the date of accident there was little change in the color of the leg, though the swelling increased, the reactive power seeming to be "knocked out." Suddenly, the condition changed. High inflammation arose in the whole limb—particularly in calf of leg and the parts nearest the line of fracture—which was oblique; great swelling and discoloration of the limb, pain, beating, and great soreness of the limb, with dread of having it touched.

At the time I put the leg in the fracture-box, rubber drainage-tubes were inserted, and from this flowed a copious discharge of sanious matter. This discharge became so offensive and so

profuse that it seemed as if the limb would be destroyed entirely. Of course, this high-graded inflammation delayed union of the parts, so that on the twenty-fifth day of his confinement we anæsthetized him, opened the mouth of wound, and explored the cavity. Some small spiculæ of bone were removed; a pocket was found burrowing among the sural muscles; a sinus had formed beneath the tibia, one branch opening midway between the tibia and fibula, another ran over the crest-spine of tibia—communicating with the posterior sinus and formed a pocket, having dissected off the tibial periosteum at upper end of the lower fragment. This revelation of the traumatic condition called for some means of drainage, not yet adequate to the gravity of the case. So, making a new opening through the sural muscular tissues, I passed a three-eighths Para rubber tube through the entire limb, from the uppermost pocket between the tibia and fibula, thus directing the discharges of purulent matter and the hot-water irrigation nearly perpendicular downwards, into the conducting trough and thence into the catch-pail.

The upper end of tube was kept corked to prevent the access of air and of dirt and the whole lower half of leg was daily packed in pure absorbent cotton; the rest of the leg, including the parts contiguous to drainage-tube, was covered with butchers' linen that was left long at the ends above for facilitating the raising and adjustment of limb in case of necessity. The leg above and below the copper trough at the bottom of box was packed in fine, charred sawdust. The sides of box were hinged two and a half inches up from the bottom, so that they could be let down to examine the leg and clear out the soiled sawdust and put in clean when necessary. The thigh and leg below the knee were kept in place by straps that, passing through the inside of box, outside the bottom, and then securely buckled over pads on the anterior face of limb. Counter-extension was effected by a strap of inch-wide webbing passed through mortices in foot-board, and tied on the outside. Much difficulty was experienced in nicely adjusting this on account of the uneasiness of the patient, the swelling of foot, and burning in

heel. Normal posture of leg and foot were secured at will by peculiar packing of the sawdust and lateral rotation of foot by means of broad tape, or packing the foot at sides with cotton. A board some three feet long and ten inches wide was placed upon the bed under the limb to form a track. The fracture-box, resting on two rollers, was placed on this, so that any movement of patient upward or downward should cause the least displacement of fragments. After the operation of March 4th, the twenty-fifth day after the injury, the patient began to improve and union of the fragments commenced. From the 15th of February until the 25th of March each day seemed to prognosticate amputation, and if I had listened to and followed the advice and fears expressed by his neighbors his leg would be off to-day. So far I have perhaps tediously detailed the mechanism of the injury and of the surgical work; but this is but part of the story. There were certain unpleasant and grave

#### COMPLICATIONS.

1st.—He was a great smoker and was getting into the habit of guzzling beer and whiskey, and was brought home considerably intoxicated at the time of injury.

2d.—Following an attack of grippe of the early spring of 1891, he was treated "*secundum artem*," quinined, etc., he had a bronchial inflammation, with cough, etc.

3d.—Between February 12th and 26th, he had an attack of mucous dysentery—enteritis.

4th.—Burning in calf of leg and heel were a source of great annoyance. The patient often felt obliged to tinker at the position of the leg and heel, moving the packing and re-adjusting the counter-extension, much to his injury and my vexation and disgust.

#### THE HOMŒOPATHICS OF THE CASE.

It is always homœopathic, in the treatment of fractures, to adjust the broken parts, for that is the placing of the broken parts in a condition similar to the natural or sound one, but surgical conditions and homœopathic therapeutics are still more



and better related. The subject of this sketch was medicated as follows :

1st.—For five days he had Arnica<sup>30c</sup>, in water, three doses a day to cover : The character of the injury, the suggillation of soft parts, the pain and soreness and his dread of motion and of having the parts handled or touched, dry hacking cough worse at night, harassing cough with expectoration of small somewhat spherical masses containing spots of blood, soreness felt inside the chest, stitches like pleurisy in left side, etc.

2d.—For frequent, small, slimy, blood-streaked stools, with straining, tenesmus, chilliness, pain and urging before stool, nausea, foul breath and dirty, yellow, flabby tongue he had Mercurius-sol<sup>eo</sup>. Rapid improvement followed.

3d.—The burning in heel and in calf of leg were often relieved by Arg-mur. and Graph.

He was confined to the bed some eleven weeks, the limb being kept in the fracture-box fifty-six days. On the day his limb was taken out of the fracture-box a plaster-of-Paris bandage was applied from the base of toes to the knee, this was worn some four weeks. There was good union of the fragments ; little or no shortening, and the limb straight. A little tilting inward of the upper end of lower fragment has prevented the entire healing of the uppermost wound, and there is a slight sanious discharge with a little pus at times. He lost forty pounds during his sickness, but has nearly recovered that, and he is now able to walk with a cane. If he eschews tobacco and liquor his prospects will brighten from time to time until he gets full use of his limb. He was in the office on the 8th, and I gave him Sil.<sup>eo</sup>. We shall see how it acts.

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### SURGICAL CASES. (?)

J. A. TOMHAGEN, M. D., PHILADELPHIA, PA.

January 19th, 1892.—F., aet. ten, was struck with a stone on back of head, about one inch upward and backward from mastoid process, three weeks prior to present illness. Dr. Medley being in the vicinity during my absence, was called in

to prescribe for the boy. The Doctor found him stupid, with besotted appearance and sluggish pupils, high fever, and rapid pulse. The tout-ensemble led her to exhibit Arnica<sup>cm</sup>.

January 20th.—I found him with temperature 106 and pulse 160; very stupid. When I called his name aloud he would open his eyes and then relapse into stupor. The mother informed me that he had had an *involuntary* stool during the night, and had frequently *jumped up in bed and looked down where he had been lying, as though he saw something of which he was afraid, then he would lie down, and immediately lapse into stupor.*

I regarded the *involuntary* stool as pathogenetic, since it had not existed before, and is very characteristic of the remedy. Continue medicine.

January 21st.—Sleep more restful and no *involuntary* stool. Temperature 105. Improvement continues from this time on.

February 2d.—Head sweats so he wets pillows. Calc.<sup>200</sup> controlled this. In eleven days the patient was discharged, cured. One dose of Arn. accomplished the work. The *involuntary* stool, *coming as it did*, was a warning to me to let the remedy alone.

CASE 2. June 15th, 1885.—Mr. E. L. B., forty, consulted me for an *ulcer* on right side of tongue near anterior portion, it was as large as a dime, raw looking, but painless, and surrounding mucous membrane appeared as if bleached. This *ulcer* worried him, and had been the point of attack for ten years off and on for antiquated doctors. It was difficult to induce him to divulge any symptoms, for he was preoccupied with the ulcer, and would constantly revert to it, saying, “he would be *well* if that were healed.”

I noticed that both commissures of his mouth were sore when he twirled his mustache about his fingers. On calling his attention to the *fact* he incidentally remarked that that always occurred when he had dyspepsia. Furthermore, I learned that he cared for nothing but *pickles* when he had these attacks of indigestion, and was usually constipated. Ant-crud.<sup>3m</sup>.

January 25th.—Has a urethral discharge, “the likes of which” he had not had for twenty years. He desired to know

how that could come about without having been exposed. On carefully questioning him I learned that he had had gonorrhœa several times in his youth, and invariably succeeded in curing (?) it with injections. C. M.

July 12th.—Discharge persists and is bland and thick yellowish green. Ulcer on tongue getting smaller and sores in corners of mouth almost gone; appetite better. C. M.

July 19th.—Improving in every respect; ulcer smaller and sores about mouth healed; discharge from urethra same. C. M.

August 10th.—Ulcer well, but discharges somewhat. Puls.<sup>2m</sup>.

August 25th.—Discharge almost gone. C. M.

September 2d.—Discharged cured.

#### REMARKS.

This proves to me again how beautifully a case unfolds under the benign influence of the appropriate medicine.

The *ulcer* had been treated locally, exclusively, prior to the administration of Ant-crud., with unsatisfactory results.

The cause undoubtedly was suppressed gonorrhœa, since the ulcer and concomitant symptoms gradually vanished when the discharge supervened.

The ulcer, *per se*, was ignored in selecting the remedy, and those symptoms, generally considered accidental, were regarded of prime importance.

One dose of Ant-crud. was sufficient to re-establish a discharge that had been latent, as it were, over twenty years. Puls. having the same characteristic discharge and desire for *sour* things, and following Ant-crud. well, was given to finish the cure.

Homœopathy is simple, exact, and pre-eminently satisfactory.

Adjourned to four P. M.



## POTENTIATION PHYSIOLOGICALLY PROVEN.

BY PROF. DR. GUSTAV JAEGER, STUTTGART, GERMANY.

[Translated from the Leipzig *Allgem. Homœop. Zeitung*, Vol. 124, No. 11, by B. Fincke, M. D.]

Continued from page 373.

For reasons which I shall give later, I have arranged the measurements of the Alkali salts in two parts. First, of all the salts—starting with the 3d potency—I measured one potency after another until the action turned and an animating effect appeared in the place of paralytic effects, as a sign that then the *point of indifference* was passed.

Only after having done so with 17 salts I commenced the measurement of the potencies which furnish animating effects, and this forms the second part of the measurements. I call the first period that of the *paralyzing* doses, the second that of the *animating* doses, and shall later describe every one by itself and treat also here both in particular when speaking about the quantity of error—why, will be seen hereafter.

The following Table I renders the *results of the quantities of error* in the first period, viz. :

The first column contains the date of the day of measurement, the second nominates the measured objects and especially the number of the measured potency and gives the name of the salt in abbreviation—*e. g.*, the first day the 3d potency of seven different Kali-salts was measured, the fourth day the 9th potency of two Kali-salts and the 3d potency of four Ammonia-salts, etc.

The *third* column gives the obtained rest-number in mill-seconds *seriatim*. On most days two such series are under the same date ; between their execution I always paused for one hour in order to give the body time to purify itself thoroughly from the substances taken in the first series.

The *fourth* column is free for some remarks and the continuation of longer series.

The *fifth* column contains the difference between the highest and lowest rest-numbers of the series in mill-seconds.

Table No. I. The Rest-Numbers of the First Period of Measurement.

DATE.	MEASURED OBJECTS.	REST-NUMBERS IN MILL-SECONDS.	REMARKS.	MAX. DIFF.
23/10.	3 Potency of 7 Kali-S.	107 107 106 108 107 107 106	Wood-splitting.	4
24/11.	4 Potency " 7 "	103 102 104 100 102 105 103		5
	5 Potency " 7 "	100 101 100 101 101 101 102		2
25/11.	6 Potency " 7 "	104 105 102 101 104 101 101		4
	7 Potency " 7 "	102 101 101 102 102 101 102	Wood-splitting.	1
26/11.	8 Potency " 7 "	97 98 98 99 98 98 96		3
	9 Potency of 2 K. 3 of 4 Am.	102 100 98 102 100 101		3
27/11.	10 Potency " 2 " 4 " 4 "	101 100 100 100 100 100		1
	11 Potency " 2 " 5 " 4 "	104 102 101 102 101 103		3
28/11.	12 Potency " 2 " 6 " 4 "	100 101 100 100 100 100		1
1/12.	13 Potency " 2 " 7 " 4 "	99 100 105 101 102 101		6
2/12.	14-16 of Kali 8 " 4 "	102 98 99 98 96 99 100 100 100		6
3/12.	9 and 10 of 4 Ammon.	99 101 99 99 97 100 102 100		5
4/12.	11 of 4 Ammon.	101 101 100 100		1
	12, 13, 14 of 2 Ammon.	101 100 101 99 100 100		2
5/12.	15, 16, 17 " 2 "	98 100 99 98 100 100		2
	18, 19 " 2 "	95 97 99 97		4
7/13.	3 Potency of 6 Natron-S.	97 98 96 98 95 96		3
	4 Potency " 6 "	97 95 97 93 97 97		4
11/12.	5 Potency " 6 "	108 107 107 106		2
	6 Potency of 4 of 7 of 2 Nat.	105 106 105 105 104 105	Not in condition.	2
14/12.	8-11 Potency of 2 Nat.	109 105 103 104 106 106		6

I Period. In this period the *paralyzing* doses were measured. It comprises 14 days of measurement which lay between Nov. 23d and Dec. 14th. Twenty-two series were measured which together contain 137 rest-numbers. The following is remarkable :

(a) In the 22 series the maximal difference amounted to

3 times 6 mill-seconds.

2 " 5 " "

4 " 4 " "

4 " 3 " "

5 " 2 " "

4 " 1 " "

Since the rest-numbers are not far from 100, the differences can also be taken by per cent. and this gives for this period a quantity of error between 6 % and 1 %. Comparing this with the medicine-numbers of this period in the concerning tables, we perceive differences which so far overstep the highest quantity of error that the medicine-action is clearly demonstrated.

(b) Of the 3d potency I measured at the same day only one series, because at this concentration too strong an accumulation in the body was to be expected. The next two days (Nov. 24th and 25th) I measured two series each, but so that I occupied myself for an hour with splitting wood in open air between every first and second series in order to get rid of the eventual remainder of substances. A comparison of the series of numbers before and after this labor renders, by numbers, very nicely the daily experience that bodily labor in the open air 1. Quiets the nerves: on the first day the rest-numbers of the series before the number differed by 5 mill-seconds, on the second by 4; after the labor the difference at the first day is only 2 mill-seconds, and the second day even only 1 mill-second. 2. The quieting of the nerves is combined with an increase of velocity of work (removal of paralyzing or fatiguing substances).

On the first day the mean out of the 7 numbers of the first series is 103, that of the second 101. The rest-number, therefore, is improved by 2 mill-seconds. On the second day the



difference indeed is less, viz.: only 1 mill-second, but, compared with the experience, it has a symptomatic value. Since the fourth day where the 8th potency was already extant as a substance of considerable volatility, I considered the filling out of the pause between the two series by corporeal labor no more necessary.

(c) On comparing the *absolute* height of the rest-numbers in the various series *three* periods are distinguished; a first of three days each (Nov. 23d, 24th, 25th) and a last of two days each with higher numbers and a middle one with shorter numbers. Thereon the following is to be said: the large numbers of the two last days of measurement are sufficiently explained by the remark on the 11th and 12th: "not in condition;" an error in diet on the 10th and 12th had influenced the disposition disadvantageously. No distinct cause can be assigned for the long numbers of the first three days, but the improving action of corporeal labor on the second and third day proves that here something is concerned which is called an "indisposition."

II Period. In this period were measured the *animating* potencies, of which the Table II gives account arranged in the same manner as Table I.

*Table II.—The rest-numbers of the second period of measurement.*

(See table, page 41.)

This table, in the interval from December 16th to February 11th, comprises 15 days of measurement with 22 series which together contain 140 rest-numbers. The maximal differences of the 22 series are:

1	time	3	mill-seconds.
5	times	2	"
13	"	1	mill-second.
3	"	0	"

Every one must admit that this expresses a surprising exactitude, if it is considered that every number is obtained by the

Table No. II. The Rest-Numbers of the Second Period of Measurement.

DATE.	MEASURED OBJECTS.	REST-NUMBERS IN MILL-SECONDS.			REMARKS.	MAX. DIFF.
16/12.	5 or 7 Potency of 4 Nat.	100	100	99	100	1
	7 or 9 Potency " 5 Kali.	100	100	99	100	1
17/12.	6 or 8 Potency " 4 N and 1 K.	100	101	100	100	1
	10 Potency of 4 Nat and 2 K.	100	100	100	100	2
18/12.	12 Potency " 4 "	100	100	101	100	1
	14 Potency " 4 "	100	100	100	100	1
	16 Potency " 4 "	100	100	100	100	1
21/12.	18 Potency " 4 "	99	99	99	99	0
22/12.	20 Potency " 4 "	98	99	99	99	1
23/12.	22 Potency " 4 "	100	99	100	99	1
24/12.	24 Potency " 4 "	99	99	100	99	1
28/12.	25 Potency " 4 "	99	99	99	99	0
29/12.	30 Potency " 4 "	99	99	99	99	1
30/12.	12-22 Potency, and all 3 taken promiscuously.	100	100	101	100	1
	13 Potency of 2 Am. 2 Nat.	99	99	98	98	2
4/1.	15 Potency " 2 " 2 "	98	98	98	98	0
	17 Potency " 2 " 2 " 1 K.	101	100	100	100	1
5/1.	19 Potency " 2 " 2 " 2 "	100	101	101	101	1
	21 Potency " 3 " 2 " 2 "	100	100	99	100	1
7/1.	23 Potency " 4 " 2 " 2 "	100	101	99	100	2
	25 Potency " 4 " 2 " 2 "	100	99	99	101	2
8/1.	30 Potency " 4 " 2 " 2 "	99	100	99	99	1
11/2.	1000 Potency of 12 Salts.	98	97	97	98	3
		90	90	91	91	2
		91	91	92	92	90
		92	92	90	90	91

addition of 4.10 acts taking off a decimal. This, therefore, means if, *e. g.*, as above the difference is only 1 mill-second for 13 times, the total sum of 40 acts gives only a difference of 10 mill-seconds. Since the clock-number is 4 mill-seconds, the difference in clock-numbers is 2.5, and since 4 decades are measured, the sums of 4 decades should not differ more than 2.5 clock-numbers. This fact at once excludes the assumption as if this could be done "arbitrarily." What may be done "arbitrarily" in measuring smallest measures of time can be shown very easily by the chronoscope if the hand, by lifting the finger, is allowed to run on with the intention of arresting it at a certain number of the dial, *e. g.*, at zero. If this is done, *e. g.*, 10 times, it, after some exercise, can happen that zero is now and then hit upon, but in the midst of it errors of 15 to 20 clock-numbers appear in both directions, too late or too early. This becomes still more irregular when the points between which the hand is to move are brought nearer together. In short, here is absolutely nothing to gain by "*corriger la fortune*;" whoever, in measuring tries to correct the numbers arbitrarily, obtains the very contrary of equalness; perfect irregularity. The former is only then to be obtained, when *every arbitrariness is excluded* and one understands to observe with most possible passivity and repose of spirit and will. Then, and *only then* the obtained number is the exact expression of the nerve-disposition which is independent of the will, and then one is capable of measuring by numbers even the smallest influence.

For the present investigation the result is obtained that in the animating potencies measured in the second period the limit of error is more than 1 mill-second, *i. e.*, about 1 per cent. in six out of 22 series. This is an exactness with which even an astronomer would be contented, and which in comparison with the magnitude of the values to be measured at the object oscillating between 70 per cent. minus and 90 per cent. plus, is of course abundantly large. Yea, look at any series of numbers of the later following great medicine-table, and you will find the startling fact, speaking for the potential capacity of the



Neural Analysis, that with few exceptions the difference between the numbers of two neighboring decimal potencies supercedes the quantity of error by several times.

Finally, the following fact is to be considered: In chemistry the analytical reagents fail to act entirely as soon as a substance is attenuated only as far as the 6th potency. The Neural Analysis, however, goes with certainty up to the 30th decimal potency, so that every one can be distinguished from the other and it measures yet the 1,000th potency—*i. e.*, distinguishes them with the greatest ease from nothing. In general it is quite astonishing: while with the chemist the possibility of distinguishing a *small* quantity of matter from *nothing*, *decreases the more, the smaller the quantity* and the greater the attenuation. It is the reverse with the Neural Analysis, the *higher* the *potency*, and the greater the attenuation, the *easier it can be distinguished from nothing*.

This leads us to what has been said before: the chemical action of the substance which the chemist observes in the reactions is in direct ratio to the *mass* of the molecules composing it, with it it decreases and increases. Contrariwise the living tissues react upon the *velocity* of the molecules, and since this increases with the attenuation, the reaction becomes the stronger the more the mass decreases. In the Healing Art the *volatile* substances are long since called *Nervina*, because an experience of a thousand years has taught that they act especially upon the nerves. By potentiating a substance, its volatility increases, and substances which originally are not volatile can be rendered so that they act upon the nerves just as substances originally volatile. Finally, Neural Analysis operating with the nerves is the method which makes it possible to measure the volatility of a substance according to numbers in a manner similarly as *heat* is measured by the thermometer.

On comparison of the two tables of the rest-numbers it is evident that in the 'second period the nerve-disposition was a much more equable one, therefore the quantity of error much less than in the first period. It may be that it was the measurement of the paralyzing doses which in the first period disquieted

the nerve-disposition more because the concentrated substances did not disappear as rapidly as the animating potencies do on account of their greater volatility. It is also possible that dietetic circumstances may have influenced it. Notwithstanding, at any rate it is more agreeable that in the second period in which the so much-doubted action of the animating doses had been measured, the disposition was better, the quantity of error less, therefore the result more certain than in the first period, where the measurement brought things to light which are confirmed by further experiences.

About the *absolute height* of the rest-numbers in Table II is to be remarked that except the last day of measurement a remarkable accordance occurs—on 13 days the shortest number is 98, the highest 101, therefore a difference of only 3 mill-seconds! The 14th day (January 8th), which with the maximal difference of 3 also indicates a greater disturbance of the nerve-disposition, projects with the numbers 97 and 96, a little beyond the present frame, but the cause of it is unknown to me.

To the strikingly short numbers of the last day the following is to be remarked: Between this day and February 11th and the preceding January 8th is more time than a month, and in this time falls the conclusive measurement of the potencies of Kali-carbonicum which have been described in Part I. The main cause of the difference is that I had proceeded to the measuring *entirely sober*, therefore, without previous breakfast, and thus intentionally, in order to give to the reader a view of Neural Analysis, also from this side: Hunger is a state of excitement which characterizes itself by a shorter nerve-time, the difference against the 13 first days of measurement is almost exactly 10 per cent. It is clear that the equalness of the disposition has not been jeopardized, because in the series of 12 terms the maximal difference, therefore the quantity of error, is only 2 mill-seconds.

[TO BE CONTINUED.]

## PROFESSOR DR. G. JAEGER'S WORK IN AMERICA.

[Translated from *Allg. Hom. Zeitung*, Vol. 125, p. 159, by B. Fincke, M. D.]

THE HOMŒOPATHIC PHYSICIAN has been publishing for some time the translation of the article of our faithful contributor and investigator, Professor Dr. G. Jaeger, which appears in our Journal this year, together with the curves and tables. Colleague B. Fincke has taken this task upon himself. The Doctor has also read a report on "Neural Analysis, Professor Dr. G. Jaeger's Latest Provings of Homœopathic Potencies." Though he does not agree with Jaeger in the explanation of the *modus operandi* of the high potencies without hinting even at a better explanation, yet he feels himself induced to close his report with the following words, October number, page 428 :

"However, be that as it may, the efforts of our friend, Dr. Jaeger, are of inestimable value, because he furnishes facts and dates in favor of homœopathic potentiation which cannot be silenced nor controverted, for 'numbers prove.'

"Dr. Jaeger complains of the small encouragement which he had from the homœopathic side ever since he published his immortal investigations ten years ago, and as he undergoes the great labor only in the interest of real science and for the best of Homœopathy which he found himself bound to acknowledge as true, after his diligent search for the truth, every homœopathician ought to express freely his appreciation of his noble efforts and his thanks for what he has done for Homœopathy."

In the discussion following, a motion was made and carried to address a letter to Dr. Jaeger by the Secretary, expressing the congratulations and acknowledgments of the Association to the success of his investigations.

In the same number Dr. Goehrum Jaeger defends himself in a short article entitled "Correction" against the reproach that his explanations of the theory of potentiation were too materialistic. (An answer to this has been sent to Leipsic by Dr. B. Fincke, a translation of which shall be given in our next number.)

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### A CORRECTION.

[From *Allg. Hom. Zeitung*, Vol. 125, p. 157.]

I have been told lately that many find my theory of potentiation too "materialistic." This is remarkable. A medicine is



*matter*, and *dead matter* at that. How is it possible to present a theory of the action of matter otherwise than as "materialistic"? Nobody can doubt that a *physical* phenomenon must be explained *physically*, an *optical* one optically, an *acoustic* one acoustically, hence, also, a *materialistic* phenomenon must be explained *materialistically*. I am the last to contend that in a *living being* also other *non-materialistic* processes take place, still less do I doubt that, in treating a patient, non-materialistic potencies can play a great rôle; yea, that a patient can be cured entirely with such. But one thing is incontestable: nobody ever thought of potentiating the spirit by shaking it with alcohol, but this has always been done only with *material substances*, and hence an explanation of the changes which the matter undergoes thereby cannot by any means be otherwise than materialistic, for if it is not, then it is nothing.

PROF. DR. G. JAEGER.

## TRANSLATOR'S PREFACE FROM THE TRANSLATION OF *THE ORGANON*.

BY B. FINCKE, M. D.

Motto: "Ich hab's gewagt."—*Ulrich von Hutten*.

The translation here presented to the homœopathicians is a labor of love commenced on New Year's day, 1880. It grew out of the desire to render the diction of Hahnemann in English as closely as possible, to make it understood. Though a difficult and venturesome undertaking, the translation has been made with the fidelity which the piety for the great master of the homœopathic art of healing imposed upon the translator. If the reader stumbles over the long-winded, cumbersome, and involved sentences which meet him at almost every page, and inclines him to throw aside the careful work of many years as "outrageous English," let him beware of his rashness, and acquire the patience which the product of such an eminent mind as that of Hahnemann demands. Let him first study the German language, and after becoming proficient in its expressions in writing, learn that the impatient German scholar likewise

might feel justified to throw aside the German original with the similar indignation as the English scholar. But they both would be equally in error, and in following their inclination would do grievous injustice to the master who poured out his homœopathic soul in his immortal work, *The Organon of the Healing Art*.

In the preface to his translation of Hahnemann's writings, Dr. Charles J. Hempel declared : "But for the admirable truths which Hahnemann points out in this volume it would probably never be read in German. Hahnemann's phraseology is so involved and bears so little resemblance to the usual mode of constructing periods, either in German or any other language, that it is utterly impossible to furnish a bare translation of Hahnemann's writings." The same was acknowledged by Dr. Dudgeon, who, in the preface to his translation of *The Organon*, says : "Convinced that what the English student of Homœopathy required was an exact reproduction of the founder's great work, I have conscientiously endeavored to render my translation as literal as possible, and as far as the different genius of the two languages admitted, I have retained the same expressions, figures of speech, and even the somewhat cumbrous and tautological style of the original."

Also, Dr. C. Wesselhœft in the preface to his translation of *The Organon*, coincides with the other translators, when he says : "Each paragraph consists of a single uninterrupted sentence, which, like a ponderous block of stone, hewn and sculptured by the skill of an artisan, seems to have been lifted with Titan power to fill its place and purpose in the structure. It was impossible always to reproduce these sentences in English."

The judgment of these eminent translators indeed testifies to the difficulty of a true translation, but just for that reason the task of rendering the German original into an English text which retains the original structure, style, meaning of the words, and even the words themselves turned into English can and should not be shirked ; for here is not the question of "English as she is spoke," but how it is written to give the meaning of Hahnemann's spirit which is conveyed to the mind through

the medium of the English language. What Wolfart (*Mesmerismus*, 1814, p. xxxiv) in a similar relation expressed regarding his translation of Mesmer's work from the French, applies with great aptitude here also.

"At any rate," says he, "it will be found on comparing the original text with my translation that I have translated literally as far as it was possible, by which I mean that I even followed the formation and position of the words. A true translation must just as well render the sense as the color and shape of the expression; in short, the style, because certainly the original sense cannot be rendered without the original mode of expression, and because here it was of especial importance to retain the unpretending and unadorned mode of demonstration."

To this may be added another testimony from Roget's *Thesaurus of English Words and Phrases* (new edition. De Wolfe, Fiske & Co., Boston. Introduction, p. xv):

"The utility of the present work will be appreciated more especially by those who are engaged in the arduous process of translating into English a work written in another language. Simple as the operation may appear, on a superficial view, of rendering into English each of its sentences the task of trans-fusing with perfect exactness the sense of the original, preserving at the same time the style and character of its composition, and reflecting with fidelity the mind and the spirit of the author is a task of extreme difficulty."

If, then, the justification of translating the style of the original as close as possible is admitted, the homœopathician entering upon its intricacies will be rewarded by entering at the same time upon the spirit in which Hahnemann wrote, and he will understand him better than by studying the translations which, with Dr. Dudgeon allowed a literal rendering only "as far as the different genius of the two languages admitted," or with Dr. C. Wessehœft found "that plain English expressions and simplicity of style were needed to render the work accessible to the student" on account of which he avoided "too close an adherence to Hahnemann's construction, style, and punctuation," or with Dr. Hempel rendered "not words, but 'ideas' in first



mastering the sense of the period and afterward embodying it in the foreign tongue in a free manner."

These translators, as it were, let the Hahnemannian light shine through their own mental medium, a natural process by which that light in its path must suffer more or less refraction. This in the present translation has been avoided, to the evident disadvantage of the translator, whose aim was to make the original German as English as it was possible to do. If the student, unable to get at the fountain-head in its originality wants to imbibe the very spirit of it, the very nearest must be a literal translation such as here has been attempted with studious care. Such a study will be an "open sesame" to him, leading to original views such as are not yet taught in the colleges, but which every one for himself must dig out of the original text. Even if the homœopathician understands the German text well it will tend to let him see many things in a different and new light when he looks at them clothed in his own native language. Moreover, why should the student if he complains of the un-English rendering of Hahnemann not take the pains to construe his sentences as he does in his study of the old Greek and Latin classics? The reading of *The Organon* deserves these pains just as well.

In this connection the existing translations, every one of which has a merit of its own, may, with advantage, be used as collaterals of the present translation for the purpose of a better understanding of the original text.

Such considerations must also excuse many apparent crudities which, if fidelity was required, could not be changed into perhaps more elegant or more correct expressions. The question always was: Did Hahnemann actually write this? If he did, it is none of the translator's business to change it, and even if it does not seem to the writer's credit, the translator must abide by it for the sake of truth. Hahnemann has expressed his thought in this manner. If the translator thinks he could have expressed it in another manner and perhaps better, yet he is not entitled to make the change, for he must presuppose that Hahnemann himself would have done so if he wanted to. The

great admiration and piety which with all homœopathicians the translator bears for Hahnemann can nevertheless give him no right to change a tittle of what he wrote. Where the text could not be rendered with elegance, this has been sacrificed to correctness.

As to the intrinsic merit of *The Organon* it is not necessary to say anything to enhance it. Since societies have been founded in this country which set themselves to work of studying *The Organon*, the value of this unique text-book of the homœopathic art and science has been more and more recognized, and it has been laid down as an axiom that no student of homœopathies can accomplish anything creditable in the way of healing if he does not go up to the fountain-head, to the earnest study of Hahnemann's *Organon of the Healing Art*.

BROOKLYN, N. Y., on Independence Day, 1892.

## PROVINGS AND CLINICAL OBSERVATIONS WITH HIGH POTENCIES.

MALCOLM MACFARLAN, M. D., PHILADELPHIA.

Continued from November number, p. 527.

### DIGIT-PURP.<sup>CM</sup>.

Severe aching in lumbar region ; preventing natural sleep.

### SKIN SYMPTOMS.

#### ACONITE<sup>50M</sup>.

Rash like rotheln. This has occurred in a number of provers, mostly children.

#### AMMON-CARB.<sup>5C</sup>.

In ten days produced a rash like scarlet fever, with a great deal of heat and fever ; the skin feels hot, dry, and rough.

#### AGARIC<sup>2M</sup>.

Little hard, red points like flea bites over the body, lasting but a short time and again reappearing.

ARNICA-MONT.<sup>6C</sup>.

Given every hour for two weeks produced in one prover a rash at first like measles, latterly more like scarlatina, followed in a few days by a crop of small boils, half the size of a pea, over the face and in less quantity scattered over the trunk.

ARUM-TRIF.<sup>16M</sup>.

Little round, hard, red papules the size of a pin-head all over the skin of the body; extremities mostly affected.

AILANTHUS-GLAND.<sup>45M</sup>.

Disposition to scratch; skin raises in great welts or blotches; intolerable itching; she feels as if she would like to tear herself to pieces; ears greatly inflamed, itchy, red, scarlet, swollen; touching or scratching irritates the skin; worse at night, later in the proving a crop of sores on the lip.

BELL.<sup>101M</sup>.

Solid, bright, red rash over the whole body; dryness of the throat; swollen tonsils; flighty, vivid, frightening dreams.

KALI-HYD.<sup>CM</sup>.

Cured very many cases of syphilitic rupea; syphiloderms; scaly eruptions—old indolent ulcers on the shins mostly—chronic hoarseness; blinding headaches attended with soreness of scalp and bones of the head. Inflamed eye-lids.

LITHIA-CARB.<sup>5C</sup>.

Wonderful remedy in barber's itch; ring worm; circular and furfuraceous patches in the skin, causes symptoms similar to this and cures them; produced in children a rough rash all over the body, skin itchy but dry, rough and sensitive—the face and both cheeks are covered with dry, broad scales.

MERCURIUS-PROTO-IOD.<sup>2C</sup>.

Eruption papular, mostly like the initial stage of small-pox. Verified this a great many times.



PETROL.<sup>CM</sup>.

Have cured a very great many cases of the various forms of eczema with this ; its action is best seen when the eruption is moist, disposed to raise in welts, and skin discharges freely. It produces a tickling cough and painless diarrhœa.

RHUS-TOX.<sup>105M</sup>.

Skin covered with a red measly rash all over ; very itchy ; wonderfully curative in cutaneous erysipelas.

SAP-SODA<sup>2C</sup>.

Dryness in skin ; fur-fur ; purple-colored papules which degenerated into pustules. The latter symptom noticed in a few provers.

SERPENTARIA-VIRG.<sup>5C</sup>.

Caused an eruption which looks like eczema ; dry, hard, scurfy and in patches.

THUJA-OCCID.<sup>60M</sup>.

Frequently verified the observations of others in noticing warts disappear after the use of this remedy.

## SYMPTOMS OF SLEEP.

ACONITE-NAP.<sup>50M</sup>.

Profuse sweat during sleep.

ÆSCULUS-HIPP.<sup>2C</sup>.

Drowsy, unusually so during working hours.

APOCYNUM-CANN.<sup>6M</sup>.

Sleepy in afternoons ; restless at night. Patient becomes very drowsy, when under usual conditions he would be wakeful.

AGARIC-MUSC.<sup>2CM</sup>.

Very sleepy ; heavy and dull during the day ; sleeps well at night.

ARANEA-DIAD.<sup>45M</sup>.

Frightful dreams, awakened in a fright, no sleep afterward. Sleeps but little during the night.

AURUM-MUR.<sup>16M</sup>.

Just as she begins to doze feels as if she would smother, startled, nervous, frightened at night.

Sleepless during the first part of the proving, later when medicine was stopped slept unusually well.

ARSENIC<sup>6M</sup>.

Wakes in a great fright toward morning, much anxiety, can't be convinced but that something dreadful will happen. This symptom has been verified a great many times. Weak and fainty during the day, slight nausea and coldness.

BELL.<sup>101M</sup>.

Drowsy, but can't get sound sleep, easily startled, nightmare produces night terrors mostly in children.

CORNUS-FLORIDA<sup>45M</sup>.

Sleepy, but couldn't sleep all night ; had to get up and look out of the window at night to allay nervousness and sleeplessness ; couldn't sleep in the daytime. Sleeplessness resembles that produced by taking a quantity of coffee.

CUPRUM-ACET.<sup>45M</sup>.

Does not sleep well ; sleeplessness without any unpleasant attending symptom, except so-called nervousness.

GETTYSBURG-SALT<sup>45M</sup>.

Sleepy, drowsy and heavy, during the day and night ; no disposition to exert himself.

HYDROPHOBIN<sup>1M</sup>.

Stupid and sleepy ; mental effort is avoided.

## A WORLD'S CONGRESS OF HOMŒOPATHY.

*To the Members of the American Institute of Homœopathy.*

The General Secretary deems it proper to publish the following announcement :

At the recent session of the Institute it was announced that the United States Government had authorized the holding of a series of Congresses on subjects of a scientific and social character, during the continuance of the Columbian Exhibition in Chicago, in 1893. Among these there will be included a World's Congress of Homœopathic Physicians and Surgeons. The Art Building, now in course of erection, is for the free use of these Congresses, and for their Sectional Meetings, Committees, etc. The department of the exhibition known as the World's Congress Auxiliary has appointed a committee, consisting of a number of homœopathic physicians of Chicago, with Dr. J. S. Mitchell as its chairman, to prepare and arrange for the Congress of Homœopathy.

Acting on this announcement and on motion of Dr. Mitchell, the Institute appointed a committee to consider what action should be taken in reference to it. This committee afterward presented the following recommendations which the Institute adopted unanimously.

1. That the meetings of the Congress and of the Institute be held in conjunction after the plans of the previous Congresses.

2. That the officers elect of the Institute hold office for two years.

3. That the business meetings of the Institute be held daily during the continuance of the Congress and that it adjourn to meet with the Congress.

4. That the Sectional Meetings of the Institute Bureaus appointed at this session, and other scientific proceedings of the Institute, be deferred until the session of 1894.

The Institute has thus ordered that for next year its own sessions be limited to the transaction of its general business, and that all its scientific energies shall be devoted to the interest and success of the World's Congress.



At the Congress at Atlantic City in 1891 there was an attendance of 1,024 homœopathic physicians and visitors. At the Institute meeting in Washington in 1892 there were 881 members and visitors. There are good reasons to believe that the Chicago Congress will more than double the larger of these numbers. The indications of a large attendance from abroad are far more encouraging than in 1891.

During the past two years the Institute has added more than 400 names to its roll of membership notwithstanding the fact that the meetings were held within little more than a hundred miles of each other. The General Secretary considers it perfectly feasible to secure at least 400 more during the Chicago Congress and expects to labor earnestly and persistently to that end. He suggests that all societies, State and local, appoint committees to canvass their membership to secure larger representation in the National Society. This work should begin now. Blanks will be forwarded on application. College faculties should endeavor to secure members from among their alumni and thus enhance their collegiate influence in Institute Councils.

The Institute has adopted a resolution requesting investigations on the subject of Comparative Mortality Statistics in all our larger cities. One of our largest cities is already taking measures to this end through its county society.

All reports secured should be communicated to Dr. T. F. Smith, 264 Lenox Ave., New York City.

PEMBERTON DUDLEY, M. D.,  
*General Secretary.*

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### WORLD'S CONGRESS NOTES.

As some of the profession may not fully understand the authority of the Congress, the following extracts from public documents will make the matter plain.

“DEPARTMENT OF STATE,

“WASHINGTON, May 23d, 1892.

“One of the accompaniments with the President's invitation to the several foreign governments, issued in accordance with

the Act approved April 25th, 1890, was the World's Congress Auxiliary to the World's Columbian Exposition.

"The purpose of its organization was fully stated, and among them it was proposed that a series of World's Congresses, to promote the objects in view was to be held in connection with the World's Columbian Exposition in 1893.

" 'The World's Congress Auxiliary,' it added, 'has been duly authorized and organized to promote the holding and success of such Congresses.'

"I observe, in conclusion, that a representative of the World's Congress Auxiliary, a few days ago, called at the department to learn whether it would be possible to send their pamphlets to all foreign governments, with a suitable instruction to our minister to present them to the governments to which they were respectively accredited, as supplementary to the original invitation. Assurance was given that the department would gladly do so upon the receipt of a formal written request to that effect.

"I have the honor to be, sir, your obedient servant,

"JAMES G. BLAINE."

HON. JOHN SHERMAN,  
*Chairman Committee on Foreign Relations,*  
*United States Senate.*

THE OFFICIAL INVITATION TO FOREIGN GOVERNMENTS TO  
APPOINT DELEGATES TO ALL OR ANY OF THE WORLD'S  
CONGRESSES TO BE HELD AT CHICAGO IN 1893.

### CIRCULAR.

"DEPARTMENT OF STATE,  
WASHINGTON, June 13th, 1892.

"*To the Diplomatic and Consular Officers of the United States.*

"GENTLEMEN:—The department is in receipt of a letter from Mr. Charles C. Bonney, President of the World's Congress Auxiliary, dated Chicago, the 3d inst. It states that in pursuance of the course indicated in the original announcement of the World's Congress Auxiliary, which was transmitted with the Act of Congress approved April 25th, 1890, and the Presi-

dent's invitation of January 14th, 1891, extending to all foreign governments a cordial invitation to participate in the World's Columbian Exposition to be held in Chicago in 1893, the work of the World's Congress Auxiliary has been organized.

"It is particularly requested that a convenient number of the most eminent representatives of the various departments of human progress be selected as delegates to attend the respective Congresses. On receipt of the names of such delegates suitable communications will be promptly forwarded to them.

"I am, gentlemen, your obedient servant,

"WILLIAM F. WHARTON,

"*Acting Secretary.*"

Under this authority Hon. C. C. Bonney, President of the World's Congress Auxiliary, appointed :

J. S. MITCHELL, M. D., *Chairman,*

R. LUDLAM, M. D., *Vice-Chairman,*

*Committee on a Congress of Homœopathic Physicians and Surgeons.*

JULIA HOLMES SMITH, M. D., *Chairman,*

ELIZABETH MCCracken, *Vice-Chairman,*

*Woman's Committee on a Congress of Homœopathic Physicians and Surgeons.*

#### WORLD'S CONGRESS NOTES.

P. C. Majumdar, L. M. S., of Calcutta, India, editor of the *India Homœopathic Review*, who wrote the history of Homœopathy in India for the Atlantic City Congress, will personally attend the Chicago Congress, and hopes to be able to give "a very cheerful account of the progress and advancement of Homœopathy in India."

Dr. E. T. Adams, a prominent member of our school in Toronto, Canada, will attend the Congress, and is taking an active interest in its success.

Dr. B. N. Banerjee, who also sent a very interesting account of Homœopathy in India to the last Congress, writes that he will be present at the World's Congress in Chicago. Both Dr.



Majumdar and Dr. Banerjee are good English scholars, and will add greatly to the interest of the sessions.

Engagements for rooms at the hotel already made indicate that the profession will be well represented at the Congress. Rooms will be furnished during the week of the Congress at regular rates.

Address, Great Northern Hotel, Chicago, Illinois.

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### HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.

The regular winter session, 1892-93, of this institution was opened on September 22d, with a short address by the Dean, Dr. William C. Richardson, which was followed by an interesting and instructive opening lecture delivered by Prof. W. L. Reed, M. D.

Prof. Richardson in his remarks called attention to the determination of the faculty to continue the same kind of thorough homœopathic instruction which has gained for the old college such enviable reputation, and placed her graduates in the foremost ranks of learning throughout the civilized world.

He further announced that he was authorized by an honored graduate, Dr. William D. Gentry, of Chicago, to offer as a prize a full set of the *Concordance Repertory of the Materia Medica*, bound in half Russia, worth forty-two dollars, as a *Materia Medica* prize to the graduate each year, who shall pass the best examination in *Materia Medica* on a physiological basis.

Dr. Gentry does this because of his affectionate regard for his *Alma Mater*, and a wish to stimulate students in the essentials of Homœopathy.

Prof. Reed's lecture was replete with statistics, showing the advantages of the homœopathic practice, and he particularly called attention to the undisputed and undeniable superiority of Homœopathy in the treatment of cholera.

His effort elicited profound attention and called forth hearty applause.

The class for this session is the largest that has been enrolled for several years, and the prospects are exceedingly good.

## CALCUTTA HOMŒOPATHIC CHARITABLE DISPENSARY.

43 CHOREBAGAN,

CALCUTTA, INDIA, September 28th, 1892.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN :—It gives me pleasure to inform you that Professor J. P. Sutherland, the American Representative of this Charitable Dispensary, has presented several volumes of very valuable works to the library of this institution.

Please give this news a little space in your widely-circulated journal with your favorable remarks to induce others of our colleagues to imitate the noble example of Professor Sutherland.

Yours,

D. N. BANERJEE.

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### BOOK NOTICES.

TUBERCULOSIS OF BONES AND JOINTS. By N. Senn, M. D., Ph. D., Professor of Practice and Surgery in Rush Medical College. Illustrated with 107 engravings (seven of them colored). In one handsome royal octavo volume. 520 pages. Extra cloth, \$4.00 net; sheep, \$5.00 net; half Russia, \$5.00 net. Philadelphia: The F. A. Davis Co., Publishers, 1231 Filbert Street.

The object of the author in writing this book has been to collect from recent literature the modern ideas on tubercular disease of the bones and joints, with the results of his own experience. Tuberculosis of the bones and joints is such a common affection that many, many cases present themselves to the general practitioner. The successful treatment of these affections depend on an early and correct diagnosis and the adoption of a timely and rational treatment of the disease. The author gives a history of the disease, the proofs of the disease, and the treatment of tuberculosis of the joints. The treatment is well illustrated by the many illustrations that are found throughout the work, which on the whole will prove beneficial to the student and physician. We certainly agree with him on the necessity of an early and correct diagnosis resulting in a successful cure, thereby saving the patient from a long life of misery.

**ALASKANA, or Alaska in Descriptive and Legendary Poems.**

By Professor Bushrod W. James, A. M., M. D. Published by Porter & Coates, Philadelphia, 1892. Price, \$1.75.

Words seem hardly adequate to describe the contents of this charming volume of trochaic verse by Prof. James, inspired by the scenes he has witnessed in Alaska and legends he has heard during his long journeys in this far-off land. The rhythm is in conformity with that of *Hiawatha*, but with the distinction that each chapter is complete in itself. The Legend of Behring's voyage, his discoveries, and his sad fate, is well told. His description of Alaska, physically, is charmingly given. Certainly those who have a love for the beautiful will appreciate this. Two poems are devoted to the flora and birds of Alaska. The manners and customs of the natives are well illustrated. The author being a physician has devoted time and study to the "Medical Men" or "Thamans." Three poems are devoted to them. The poem entitled "Indian River" is especially beautiful. The legends are most poetic and each follows strictly that of the natives. All that can be said to our readers is, read the book! We have not the pen of the poet to illustrate our appreciation of his work, but we congratulate ourselves that Philadelphia has a Longfellow "he the sweetest of all singers," and we hope for other poems from his pen.

The work has some exquisite illustrations which make it even more charming.

Dr. Bushrod W. James hardly needs an introduction to our readers. He is well known as a homœopathic physician practicing in Philadelphia, and one of the most active workers in Hahnemann Medical College of Philadelphia, the Children's Homœopathic Hospital of Philadelphia, and the American Institute of Homœopathy. He is also well known for his long journeys to distant parts of the world. This lovely book is the product of one of the longest of these journeys.

**OPHTHALMIC DISEASES AND THERAPEUTICS.** By A. B. Norton, M. D., with fifty-three illustrations and twelve chromolithographic figures. Philadelphia: Bœricke & Tafel, 1892. Price, \$3.50 net.

This is a neat volume of five hundred and fifty-five pages which the author has dedicated to the late George S. Norton, M. D. It contains an admirable and striking likeness of him which will be highly prized by the profession.

The work is divided into two parts; part I entitled *Ophthalmic Diseases*, and part II *Ophthalmic Therapeutics*. In part I the author has given us a very concise and clear description of eye diseases, mention being made after the description of each disease of the remedies which, in the author's opinion, are most frequently indicated, together with some indications for their use. In a few words and in a very condensed form he has written an interesting description of these diseases without in the least slighting the subject. Part

II is devoted to Ophthalmic Therapeutics, being the ocular pathogenesis of each remedy in alphabetical order.

In appearance and in arrangement it resembles the *Ophthalmic Therapeutics* by the late George S. Norton, M. D., but although it is, as the author states, designed to be a continuation of that work, still it has been so much enlarged and improved as to make it a work vastly superior to it in every respect. But there are two things omitted from this work which, had it contained it, would have made it of much more value to the practitioner. There is no repertory and no mention is made of concomitant symptoms.

A. G. A.

**CHILDHOOD:** A monthly magazine of all that concerns the welfare of the child. George William Winterburn, M. D., editor; Florence Hull, associate. Published by A. L. Chatterton & Co., New York. One dollar a year, ten cents a number.

With the month of December comes this new magazine for parents, edited by the well-known practitioner and writer, Dr. George W. Winterburn. It is devoted to the physical, intellectual, and ethical interest of the little ones, and as it is needed, will be most welcome. Such a magazine will be appreciated by the intelligent parent whose chief desire is the happiness and welfare of his children. An oft-repeated question is, "What shall we do with and for our children?" and its answer will be found herein.

H. A. P.

**OUR MEANEST CRIME:** A paper read at the Church Congress at Folkestone, England, 1892, by John H. Clarke, M. D. London: Victoria Street and International Society for the Protection of Animals from Vivisection, 1892.

This paper strongly opposes vivisection performed on animals and experiments on hospital patients. Dr. Clarke says, "Vivisection means tedious and difficult observations of animals after they have been dissected alive and whilst they are still living; and so complicated is the process that it is the rarest thing for two experimenters to be agreed about the results of the same experiment." And, again, "That the results of experiments on animals cannot be taken as any guide to what will happen if the same experiment be tried on man." The work of the physician is to cure diseases, and if not to cure them, to *mitigate the pains* they produce. No *scientific experiment* can be offered as an excuse for causing agony and unnecessary pain to a fellow-mortal or animal. The same scientists would denounce loudly the gamblers in a cockpit for the *brutal* treatment of the fowls, who are frequently killed by *one blow* or thrust of the sharpened blade. But this cruelty cannot be compared with the learned man or men who dig with their sharpened blades deep into the vitality, causing unknown pain to our poor dumb and all suffering animals. The Church cannot but denounce this "Our Meanest Crime."



**AN AMERICAN TEXT-BOOK OF SURGERY FOR PRACTITIONERS AND STUDENTS.** By Charles H. Burnett, M. D., Phineas S. Conner, M. D., Frederic S. Dennis, M. D., William W. Keen, M. D., Charles B. Nancrede, M. D., Roswell Park, M. D., Lewis S. Pilcher, M. D., Nicholas Senn, M. D., Francis J. Shepherd, M. D., Lewis A. Stimson, M. D., William Thomson, M. D., J. Collins Warren, M. D., and J. William White, M. D. Edited by William W. Keen, M. D., and J. William White, M. D. One volume, twelve hundred pages, profusely illustrated. Philadelphia: W. B. Saunders, 913 Walnut Street. 1892. Sold by subscription only. Price, cloth, \$7.00 net; sheep, \$8.00 net; half Russia, \$9.00 net.

This is the latest and most magnificent book upon surgery it has been the fortune of this editor to see. It covers the whole domain of surgery and is finely illustrated, not only with wood cuts, but with plates which are copies of photographs from nature.

That the reader may get a general idea of the scope of the work, we quote from the table of contents. It is divided into four books. Book I relates to general surgery; Book II, special surgery; Book III, regional surgery; and Book IV, operative surgery. In these four books are comprised forty-seven chapters. The first chapter opens with an elaborate and highly-interesting account of the germ theory, under the title "Surgical Bacteriology." In this chapter the attentive student will gain a complete survey of the present state of knowledge concerning bacteria and bacilli. The second chapter gives the whole theory of inflammation, while chapter III supplements it with a minute account of the process of repair. The traumatic fevers, suppuration, and abscess, ulceration, and fistula, gangrene, septicemia, erysipelas, tuberculosis, and syphilis occupy the succeeding chapters of this first book. Book II, special surgery; gives the surgery of the vascular system, osseous system, fractures, orthopaedic surgery, etc. Book III, regional surgery; gives a separate chapter each to surgery of the head, spine, respiratory organs, neck, digestive tract, abdomen, genito-urinary tract, breast, eye, and ear. Book IV, operative surgery; gives, in successive chapters, anæsthesia, plastic surgery, ligation of arteries, operations on bones and joints, amputations, and minor surgery.

It will thus be seen that there is within the one volume that comprises this noble work a complete encyclopædia of the present state of knowledge in the practice of surgery. No physician, no matter whether he practices surgery or not, should continue in his profession without making himself familiar with the first book of this treatise.

We are in receipt of a letter from the publisher, in which he says:

"The *American Text-Book of Surgery*, edited by Professors Keen and White, of Philadelphia, which has only been issued a few months, is already a phenomenal success. It has been adopted as a 'text-book' by forty-nine of our

leading medical colleges and universities. Nearly five thousand copies have been placed in physicians' libraries, and every indication points to a sale of at least as many copies more in the next six months.

"Dr. Nicholas Senn, of Chicago, is now preparing a 'Syllabus of Lectures on the Practice of Surgery' arranged in conformity with the *American Text-Book of Surgery*, which will be a valuable aid to all who have this great book."

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## NOTES AND NOTICES.

**THE DIET FOR WASTING DISEASES.**—In typhoid fever, phthisis, pneumonia, nervous prostration, etc., where the vitality is low and the digestive organs weak, the use of Horlick's Malted Milk as a diet has proven very beneficial, often sustaining the strength of the patient and preventing excessive emaciation and assisting in rapid recovery where recovery is possible.

This preparation is composed of rich cow's milk and an extract of malted grain, containing all the elements of nutrition in a form most easily digested. At the same time it forms a delicious drink and one acceptable to the weakest stomach. Prepared for use by simply adding water.

S. MILLS FOWLER, M. D., has removed his residence to 3269 Cottage Grove Avenue, Chicago. Hours at home 7.30 to 8.30 A. M., 5 to 7 P. M. Office 79½ Twenty-second Street. Office hours 10 A. M. to 2 P. M., except Thursdays, Saturdays, and Sundays. Lecture hours (Hering College and Hospital) Thursday 9 A. M. and 1 P. M. At Edgewater 1111 Early Avenue, every Saturday 9 A. M. to 3 P. M.

DR. FRANKLIN POWEL has removed to S. W. corner of Madison and Fifth Streets, Chester, Pa. Entrance on Fifth Street.

DR. A. R. MORGAN has removed from New York to Waterbury, Connecticut.

DR. E. P. GREGORY has removed from Waterbury, Conn., to San Antonio, Texas. Dr. Gregory, in consequence of illness in his family, has been obliged to seek a change of climate, and has therefore gone to San Antonio.

**CHILDHOOD'S LOGIC.**—As a touch of quaint and graceful humor few things could be better after its kind than Frances Sparhawk's little paper on "Childhood's Logic," which is printed in *Childhood* for December. The little girl and boy who talk for themselves are *real* children, and the remark made by one of them sounds so much like the outburst of a longing and repressed little soul that it strikes home: "Oh! what a good time we could have if it wasn't for God and the policemen!"

DR. WM. C. RICHARDSON, of St. Louis, Mo., has been appointed Supreme Medical Examiner to fill the vacancy caused by the death of Dr. Hugh Doherty. Dr. Richardson is eminently qualified to fill the position from education and experience as Grand Medical Examiner for the A. O. U. W. and also the Selected Knights of Missouri. A number of years ago he formulated a little book as a guide to subordinate lodge medical examiners, a copy

of which should be in the hands of every one of the five thousand medical examiners for the A. O. U. W. Dr. Richardson is held in high esteem by A. O. U. W. and Select Knight fraternities of Missouri, and has been honored by positions of trust and responsibility by them, which he has filled with credit to himself and the Order.

MR. W. B. SAUNDERS, of 913 Walnut Street, Philadelphia, announces in preparation, for sale by subscription only, *An American Text-Book of the Medical and Surgical Diseases of Children*. By John Ashhurst, Jr., Philadelphia; Henry Dwight Chapin, New York; J. M. Da Costa, Philadelphia; G. E. de Schweinitz, Philadelphia; Albert R. Leeds, Hoboken, N. J.; Chas. K. Mills, Philadelphia; William Pepper, Philadelphia, and fifty-five other well known physicians in all parts of the United States.

CORRECTION.—In the September number, page 382, first line, for “instructive” read INSTINCTIVE. A fatal error.

### FUN FOR DOCTORS.

OTHERWISE SHE WAS ALL RIGHT.—“Well, my dear madam, and how are you to-day?”

“O doctor! I have terrible pains all over my whole body, and it seems impossible to breathe! Of course, I can't sleep at all, and I haven't a particle of appetite!”

“But otherwise you feel all right, don't you?”—*Fliegende Blätter*.

MRS. GILROY.—“Here's a patent medicine man who offers a dictionary with every bottle of medicine.”

Gilroy.—“That's right. The dictionary is good for bad spells.”—*Munsey's Weekly*.

HE WOULDN'T DIE.—“Doctor,” groaned Mr. Skinnphlint, turning his face to the wall, “it's no use! Your bill, even if I should get well, will be \$100 or over!”

“Yes,” replied the physician, “it will be about \$100. But if you die your funeral expenses will be at least \$200.”

“Then I won't die!” said Mr. Skinnphlint, much disgusted.

And he didn't.—*Chicago Tribune*.

TWO OF A KIND.—Tom—“You look worn out, old fellow. The penalty of popularity, I suppose?”

Popular young M. D. (wearily)—“Yes, I attended two small but lively germans last night.”

“Too much for one night.”

“Rather. At the same house, too.”

“Heavens! How odd.”

“Not at all. My worthy patron, Schimmelhopfer, became the father of twins last night.”

“But how do they do where there are no doctors?”

“People have to die without their assistance, of course.”—*Pittsburgh Bulletin*.

# THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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Vol. XIII.

FEBRUARY, 1893.

No. 2.

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## EDITORIAL.

WHAT IS THE BEST HIGH POTENCY to use by a physician who wishes to change his practice to high potencies? is a question frequently addressed to the editor of this journal.

To all such, an answer is herewith given that the laborious writing of personal letters to individual inquirers may cease.

The answer may be thus stated: *no* potency can be considered the *best*. No physician can abruptly change his method of practice from low potencies to high.

Judgment in selecting potencies must come from industrious pains-taking effort on the part of the physician seeking to cure his patient in the shortest time and by the "safest, and most certain means upon principles that are at once plain and intelligible."

The using of high potencies does not necessarily make a physician a good homœopathist, though there are many who seem to think so, consequently there is a prevalent impression that this question of potency has divided the homœopathic school into two factions.

It is doubtful if this be the real cause of the existence of the two factions, because the uncertainties of the potency question, the varying experience of different observers, produce such a conflict of testimony as to preclude the formation of any partisan lines.



The real cause of the division would seem to be that there are two orders of mind, one of which seeks only the simillimum and is content to administer it alone, whilst the other one neglects to make any serious effort in this direction, but supplements its deficiencies in this respect by resorting to the methods of the old school, which are therefore classed under the name of "adjuvants." The division upon these grounds is not usually acknowledged by the latter order, but they charge it to a difference of opinion upon the question of potency. Thus this "prevalent impression," before spoken of, gains ground with the uninitiated.

It is noticeable, with those who use this mixed treatment, that the "adjuvants" command the larger share of their attention in making prescriptions, while the selecting of the simillimum plays only a secondary part. Some even claim, when exception is taken to their prescribing massive physiological doses of Quinine, and other drugs as homœopathic physicians, that it is only a raising of the potency question.

Now all these ideas must be eradicated from the minds of those who would realize the deep satisfaction of bringing about a cure by homœopathic prescribing.

They must set aside all thought of using high potencies until they have become proficient in selecting the similar remedy. They must earnestly seek the simillimum in every case and prescribe it. They must watch for the results and if they have been correct in their selection they will get such responses from nature as will convince them, without the need of any one's assertion or persuasion that *Similia similibus curantur* is a universal law. They will realize that it is of less importance whether the dose given be a low or a high potency, but it is of supreme importance that the remedy chosen be the simillimum to the disease; or, to speak more accurately, the *sick condition*.

The relative significance of these two terms "disease" and "sick condition" as used in the foregoing lines will become more apparent to them. Familiarity with the materia medica will be obtained and a higher ability to examine the patient to find the "guiding symptoms" will be acquired. The conditions under which a low potency will prove unsatisfactory and need

to be supplemented by the higher, will be apparent, and thus step by step a fund of experience upon the best potencies to use will accumulate and so an intelligent view of the potency question afforded.

If it seem that too much is here promised, the only reply that can be made is, *try* the experiment. Seek the simillimum and abandon all means else, of treatment, and it will be found that this higher knowledge can be acquired. It cannot be obtained by adopting the teachings of another who may have been through the discipline. It does not come as a sudden conviction. It is rather a slow growth of observation and meditation gradually ripening into experience and deep conviction, that no opposition can repress, no ridicule weaken; but which arms its possessor with a courage and hope that nerves him to stand and calmly await the results of the simillimum in the most desperate cases.

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## INTERNATIONAL HAHNEMANNIAN ASSOCIATION MEETING OF 1892.

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*Third Day—Afternoon Session.*

Thursday, June 23d, 1892, 4 P. M.

### REPORT OF COMMITTEE ON PRESIDENT'S ADDRESS.

Your Committee congratulates the Association on the tenor and happy expressions contained in the President's address. We take his statements as to the number of homœopathists as his individually, and after some investigation, we are glad to report that in our opinion he is in error, especially as to the number located in the West. That we have difficulty in advising our patients as to whom they shall apply when traveling we all admit, but we are assured that the number of strictly homœopathic prescribers is sufficient did we but know them, and recommend that all Hahnemannian societies and *Organon* clubs be invited to send us their rolls of members as well as their Constitutions, and that after revision they be printed in our trans-

actions for the information of members, and that our Corresponding Secretary also furnish us with the names of foreign physicians to whom we can safely intrust our patients. We congratulate the Association on the comparatively satisfactory growth of the organization, as shown by the President, and see in it a reason for exercising the same care as to the admission of members as has been practiced by the Board of Censors. We regret to recognize the truth of the charges of the President against the teachings of the Colleges, and recommend that each Alumnus in this Association use unceasing effort to secure characteristically homœopathic teaching in Materia Medica and Therapeutics in their respective colleges. We also congratulate the President upon his pleasant and fruitful connection with the institution mentioned in his address, and urge upon members the importance of accepting such positions as are offered to them in order that their influence may advance the cause of pure Homœopathy.

We all agree with the President and congratulate the Association that the spirit of harmony has prevailed and still prevails among its members.

Your Committee is heartily in accord with the President's recommendation, looking to the education of the masses in the elements of pure Homœopathy, and recommend that members be invited to submit tracts and leaflets to the Committee on Publication, which shall report such as they approve to the Association, and such as it shall approve shall bear its imprint and be sold to members in such quantities as they shall desire at actual cost.

In conclusion, we submit the following: that the Association tender a vote of thanks to Dr. Bell for his able and masterly statements as to our present condition, and for the encouragement which he demonstrates for persistent and progressive effort.

J. B. GREGG CUSTIS,  
ALLEN B. CARR,  
B. L. B. BAYLIES.

The report was accepted and the recommendations adopted.

## BUREAU OF CLINICAL MEDICINE.

CAROLINE E. HASTINGS, M. D., CHAIRMAN.

## ALBUMINURIA.

W. L. REED, M. D., ST. LOUIS, MO.

At our annual meeting at Watch Hill, I reported a serious case of albuminuria, which was effectually cured with *Natrum-muriaticum*. The young man is ruddy, and has learned blacksmithing.

I now present a case which has some striking similarities to the above-mentioned case in the character or manner of the swelling or dropsical effusion.

On the 24th day of November, 1890, was summoned to Edwardsville, Ill., in consultation with Dr. W. Enos, a true homœopath, to see his brother-in-law, who had been ailing some four months with an anasarcaous swelling. The whole body was swollen, but some places much worse than others. The lower extremities were so large that large sized pants had to be ripped and held together with tapes. Arms and fingers swollen; fingers spread apart, and he could not shut his hand. The body and face seemed to be swollen in rolls, or patches. There was no thirst. Had numbness and heat of ears on lying on them. Cold feet; cold legs to knees. Swelling in extremities was worse at night than during the day. Itching all over the body, without any eruption, worse on undressing. He had scanty urine, of a light dirty color, specific gravity 1010. Nitric-acid and heat, and Picric-acid revealed immense deposits of albumen. The test-tube, after standing several days, would be half full of amount of fluid. The microscope showed hyaline and blood casts in great quantities. This case was remarkable in the paucity of symptoms. I gave him four powders of *Natrum-mur.*<sup>200</sup>, one to be taken every evening. The indications for *Natrum* were so very meagre, I based it upon the fact that he has been sleeping in open depots in Wyoming, being exposed to



malarial influences. One week's treatment showed great improvement in the diminution of the amount of albumen, and a like subsidence of the swelling. Sac-lac. for one week. Repeat the Natrum, M potency, B. & T. He was continued under the influence of this till the 22d day of December. The case making no improvement upon the first week's treatment, after a month's treatment, he received a dose of Hepar-sul. Was continued on this till January 17th. He then received one dose of Natrum-mur., M potency, with a good and satisfactory diminution of albumen and swelling. Was on this remedy without repetition till February 14th. We were then informed by the patient that whilst employed in a civil engineer corps, in Wyoming, he had a rash on his body; had been exposed to a case of scarlet fever. From the exposure he was subject to, the rash suddenly disappeared. In a short time, noticed his body began to swell. I, at once, gave him one dose of Bryonia<sup>7<sup>m</sup></sup>, Fk. In a few days, the repurcussed rash was reproduced. It was on his body for one day, during which time he took a bath, when the rash suddenly disappeared. Bryonia<sup>cm</sup>, H. S., one dose, but was never able to reproduce the rash again. Was under Bry. till the 17th day of March. There was great variableness as to the amount of albumen each day. He now detailed another peculiar condition. Whenever he would become intently interested in a game of chess, or allow the little children to romp on his knees, there would be a decided increase in the amount of albumen. I now gave him a dose of Arnica<sup>cm</sup>, H. S., with most remarkably good results. He was under the influence of this remedy till the 30th day of May. The swelling had entirely disappeared under Arnica. But the amount of albumen showed a varying condition, increasing and diminishing daily from one to three grammes. I now gave one dose of Natrum-mur.<sup>cm</sup>, Fk.; was under the influence till August 1st. For some condition in his organism that I had forgotten to make a note of, I gave him a dose of Phos.<sup>cm</sup>, Fk. There was now daily from one and one-half to two and one-half grammes of albumen to the litre, according to Esbach's albuminometer. This proved to be my last prescription for this case. A short time after, he called and

stated to me that he desired to consult Dr. H. C. Allen, of Chicago. I was only too willing, and gave the doctor an extensive *résumé* of the case, as to how I had treated it. Dr. Allen writes that he placed the patient, August 16th, on the complement of Natrum-mur., Apis<sup>cm</sup>, one dose. September 1st, one dose of Apis<sup>40m</sup>; slight improvement with each dose. September 10th, improvement ceased: Sulphur<sup>cm</sup>, one dose. October 9th, no results; no symptoms; no change at all. Natrum-m.<sup>1m</sup>, some gain. No effect on amount of albumen. December 10th, Phos.<sup>cm</sup>, under which general health improved, but little change in albumen. Decided now to go to work, and stop all treatment. I saw him some time since resuming work; says he still secretes from one to one and one-half grammes of albumen in twenty-four hours. He is busily engaged every day. Has a good appetite, sleeps well, and says he feels as well as he ever did. This condition in his organism may continue for years. The tubuli uriniferi have been denuded of epithelium. This epithelium must be restored before the kidneys can perform their proper functions. There is no psoric taint in his organism. There can be little doubt but he will be completely restored to health.

#### DISCUSSION.

Dr. E. W. Sawyer—In the Mississippi Valley, I find a large proportion of the cases of albuminuria come from the abuse of Quinine in malarial fevers. It is astonishing how small a dose of Quinine will suppress these cases of intermittent fever. This explains to me why Nat-mur. cures so many of these cases, it being the antidote to Quinine. It is my opinion that if Dr. Reed had given that case a dose of Quinine high, there would not have been that lack of symptoms of which he complains.

Dr. Reed—The young man never took Quinine in his life; was never under the treatment of an old-school physician; and hence, what Dr. Sawyer says falls to the ground.

Dr. Hoyne—I expected Dr. Reed was going to cure that case with one dose, from what he said yesterday. Instead I find he gave four doses before stopping. In treating a case like that I give a remedy and wait from one-half to twelve hours,

and repeat or change as required, and Dr. Reed criticised me for it. And now to-day Dr. Reed gives four doses in repetition without waiting for change of symptoms or anything else.

Dr. Reed—I gave the four doses because it was a comparatively low potency. When I give a CM potency they only get one dose. Sometimes when I use a low potency I do repeat.

Dr. J. H. Allen—My experience in these cases is that Quinine is an important factor. I had a case very similar to Dr. Reed's. The urine had the tube-casts and albumen in abundance. Old-school physicians had treated him first and he got Quinine by the ounce. It broke up his chills. About two years after he got this kidney trouble. My method was to look up the case of malaria and find what was his remedy at that time. I gave him a dose of Chin-sulph. high, and it cured him. The same physicians examined his urine who had found the tube-casts and albumen and pronounced it perfectly normal.

## ERYSIPELAS.

J. H. ALLEN, M. D., LOGANSPOUT, IND.

Erysipelas. This disease, though sometimes classified as a surgical disease, belongs to dermatology.

The exciting cause may be most anything. It may follow colds, chilling of the body, badly treated or neglected wounds, running sores, suppressed discharges, leucorrhœa, gonorrhœa. Suppressed rheumatism is a potent cause, catarrhal conditions badly treated, especially those treated locally.

The predisposing causes, as far as my experience goes, are three: psora, sycosis, syphilis. Psora, combined with some suppressed disease, itch, etc., are common causes.

It is found more frequently in females than in males, and usually in adult life; though I have seen a number of cases in infants occur the fourth day after birth, due to a slight abrasion of the scalp.

The simple forms usually succumb easily to homœopathic

treatment, but when it is treated topically, bad, if not disastrous results are apt to follow. Often here is the beginning of a long series of ailments. Rheumatism I will place first in the list, stubborn and persistent neuralgia, headache, amenorrhœa, ovarialgia, dyspepsia, heart, liver, or lung troubles.

I remember treating a case of neuralgia of the left hip in a young lady who had suffered with it for ten years. She complained of its being worse at menstrual period or change of weather. After prescribing for six months, with only temporary relief, I gave a dose of *Psorinum*<sup>cm</sup>. In six hours a large erysipelatous spot made its appearance over the seat of pain. It was of the vesicular form. No medicine was given for four days. It spread so rapidly that I was compelled to give a dose of *Rhus*, as quite severe constitutional symptoms had developed. But one dose of the *Rhus* was given with complete cure of the eruption and no return of the pain, though two years have elapsed since then.

Cellulo-cutaneous or phlegmonous forms are always to be dreaded, the mortality is very great, equal, I think to puerperal petitonitis or diphtheria. There is some similarity in the heat line, starting at the normal, the temperature drops to 96 often, and almost as abruptly it rises to 104 2-5. Every tissue may be affected by this virulent poison. In the soft tissues the inflammation is often of so specific a nature that in twenty-four to thirty hours the point of attack becomes gangrenous and sloughs away, frequently causing severe hemorrhages.

In two cases I was called to treat, both were unconscious within twenty-four hours. Great physical and mental restlessness accompanied each case; the pains are unbearable, and of a burning character; the tissues assume a dark red appearance, blue, even black, according to the intensity of the inflammation. The œdema is usually great, infiltration rapid, pus cavities soon form, which discharge enormous quantities of pus, usually acrid, bloody, and foul smelling. They bleed at the slightest touch, dipping down into the bony structure, producing necrosis; often false granulations form, which retard a cure.

The prognosis, says the allopath school, is always grave, and



generally fatal, Quinine and topical application being their stock in trade. Among the latest of local measures is clay poultices.

But my own school of medicine has something more encouraging to offer, most cases being promptly cured by a careful selection of the homœopathic remedy. There must be no delay in getting it as early as possible, as the destruction of the tissues is very rapid, and you may be able to save your patient, not only from weeks of suffering and pain, but, probably, a future operation.

I offer here a case to the profession that may be of interest in several ways; first, it was cured by the single remedy, and that in a very high potency; secondly, no application was used except cloths wrung from warm water, which excluded the air and kept the part warm; in the third place, no operation was performed for the removal of necrosed bone; and, last of all, there was no deformity.

Mr. C. S., age fifty-four, thin, dark complexion, medium height, weight one hundred and forty, nervo-bilious temperament. Previous to my being called, had suffered three weeks with a felon on the middle third of the left index finger. His sufferings during that time must have been very great, judging from the terribly swollen and discolored condition of the affected part. He was then unconscious, and had been most of the day. The delirium at times was furious, and there was much restlessness and tossing about, great fear that some one was going to kill him or that he was going to die, very thirsty in the after part of the night, prostration very great during his rational hours. In the early morning, he was so weak that he could not raise his head from the pillow. The temperature 104 and pulse 140. Arsenicum<sup>cm</sup> was given every half-hour until five doses were taken; then no medicine. This prescription was made at 4 P. M. Rhus was left to be given if no better in any way in six or eight hours. I called in the morning again, and found him worse. Neither medicine had had the desired effect. He had passed a terrible night, no rest for a moment. The tongue was dry and crisp, and the symptoms worse in every way. The temperature was now 105 $\frac{1}{4}$ , the soft tissues of the whole anterior

surface of the finger had sloughed away, a large blister involving most of the thumb and palmar surface of the hand was filled with serum.

Posterior portion of the hand looked like a large fungus, ready to slough away at any time, bleeding profusely on being touched. A terribly fetid odor prevailed in the room. The inflammation had extended up the arm to the shoulder, and matters were assuming a serious aspect. The pulse was becoming unsteady; the body was covered with perspiration, which was cold for a few hours, then warm again; knees were quite cold, and had been for three weeks, so the nurse told me; had to have extra covering on them. The least food produced great distress in the stomach, which was very much bloated. He constantly belched, which afforded some relief. The latter symptoms I failed to get when I made my first prescription.

I then prescribed Carbo-veg.<sup>cm</sup>, three powders, one every hour. After taking the first dose, he fell into a refreshing sleep and slept three hours, when the temperature dropped and the malignant condition gradually left. His mental condition, previous to my giving the Carbo-veg., was terrible, and the family begged me to give him a hypodermic of Morphine, that he might get a moment's rest. Had such suggestions been followed, the results would, no doubt, have been fatal.

For sixty days I followed up this case, giving only an occasional dose of Carbo-veg. as relapses would occur. During this time, a number of pieces of necrosed bone came away without any surgical interference.

The patient made a good recovery, with no injury of the finger save a slight stiffness, which soon disappeared.

#### DISCUSSION.

Dr. Long—I take exception to the suggestion of hot-water cloths applied at intervals.

Dr. Campbell—I indorse that exception.

Dr. Pease—I also indorse the exception.

Dr. J. H. Allen—I did not have to use the hot cloths; I found the right remedy.

## CLINICAL CASES.

ERASTUS E. CASE, M. D., HARTFORD, CONN.

## I. PICRIC ACID.

Mrs. W., aged twenty-seven years, a slight blonde lady of mild, yielding disposition, was delivered of her third child, without accident, on June 3d, 1886. Ten days later the albumen in the urine remained as copious as it was before her confinement. She had also suffered since the second day from a headache, which may be described as follows. She awakes every morning with a dull pain in one or both eyes. There is also a creeping or crawling sensation inside the skull. The pain increases in severity gradually, and extends through the whole head and down the nape of the neck, lasting all day. When the pain becomes severe it is pulsative in character, and worse by the slightest exertion of either the mind or body, even by turning the eyes. The pain passes off in the evening and she sleeps well through the night. After several useless prescriptions had been made *R<sub>y</sub> Pic-ac.<sup>12</sup>, four doses, two hours' interval.*

This aborted the headache, which was then coming on, and it never returned. The albumen disappeared from the urine without further treatment.

## II. LACHNANTHES TINCTORIA.

January 18th, 1892.—Miss T., aged twenty-seven years, a brunette.

Muscular soreness, as if bruised.

Weariness, as if very tired.

Hands and feet cold.

Eyeballs sore to the touch; it hurts to turn them.

Photophobia.

The bridge of the nose feels as if it was pinched. *R<sub>y</sub> Lach-nant.<sup>200</sup>, four doses, two hours' interval.*

The peculiar symptom of the nose disappeared at once. A speedy restoration to health followed without further treatment.

This case attests the danger of ruining our materia medica

by throwing out the chaff. The nasal symptom—as if the nostrils were pinched—is not found in Hering's *Guiding Symptoms*. Allen's *Encyclopedia* contains it with this explanatory foot-note: "The prover had fallen when a child and broken the nasal bones, which had partly suppurated and left an indentation.

### III. THUJA OCCIDENTALIS.

July 5th, 1890.—A Superintendent of Life Insurance Agencies, aged thirty-five years, has for a long time been troubled with vertigo while walking or riding in the cars, especially while walking after riding in the cars; worse by shutting the eyes, but better again on reopening them; better by lying down. With the vertigo there is a dull pain in the occiput. He is very nervous and apprehensive when about to transact any business, even when not important. Otherwise his health seems perfect. He denies having had gonorrhœa. *R̄ Thuja<sup>1m</sup>, four powders, four hours' interval.*

No further treatment was needed.

### IV. RHUS TOXICODENDRON.

January 27th, 1892.—Robbie S., aged twelve years, dark brown hair and eyes, a hæmophilia, who would bleed to death from a slight cut unless pressure was applied. Six weeks previous to the date of the prescription he had been bruised on the left buttock. The blood had escaped into the cellular tissues, until the thigh was enormously distended. He became jaundiced while lying still waiting for the absorption of the blood.

Yesterday he had a chill. To-day temperature 102°.

Yellow skin.

Itching of the skin.

Stools in small white balls.

Urine contains clotted blood, also fresh blood as from a cut.

Doughy swelling about the left knee.

Stitches between the scapulæ upon every attempt to swallow, so that he eats and drinks nothing. *R̄ Rhus-t.<sup>1m</sup>, four doses, two hours' interval.*



The stitching interscapular pains were relieved at once. Within two days the blood disappeared from the urine, and the stools became normal in color and character. In ten days he was restored to as good health as he ever enjoys.

#### V. LYCOPERDON BOVISTA.

February 6th, 1892.—Mrs. A., aged fifty-two years, a black-eyed and black-haired French Canadian, quite plethoric.

Frequent flushes of heat with vertigo. This condition is followed by chilliness, then sweat: worse when warm, either from the surrounding temperature or exertion, worse also at midnight.

Always is restless after midnight.

Palpitation of the heart, and sensation as if the heart were floating in water, when ascending or walking rapidly, sometimes also when too warm.

Much itching and burning of the skin, of feet especially: worse when warm and at night.

The hands are frequently numb. *R* *Bov.*<sup>45m</sup> (*P.*), *one dose.*

This prescription relieved her so that she needed no further treatment.

#### VI. CAPSICUM ANNUM.

June 18th, 1890.—Mrs. K., slender, dark hair and eyes, a nervous, fretful individual.

Facial neuralgia, beginning above the right temple and extending downward over the face, especially below the eye and on the right side of the nose. With the pain the face is sensitive to touch. Slight pressure will bring on the pain when it is absent. There is a circumscribed redness of the cheek with the pain. These sensations are described, viz.:—A crawling, ticking like a clock, burning like fire, like hot needles running through the face, like fine threads through the face drawn tightly. This neuralgia is an old enemy, and she has suffered for months at a time under allopathic treatment. *R* *Capsicum*<sup>1m</sup>, *four doses in one day.*

June 29th.—She has had no pain for more than a week. The soreness of the face is also gone. *No medicine.*

July 14th.—She has been overworking, and the pain returned two days ago, but less severely. *R. Capsicum*<sup>40m</sup> (*F.*), *one dose*. She has had no neuralgia since then.

## VII.—SABINA.

August 9th, 1890.—Mrs. H., a slender brunette, married three years and childless, wishes some pediculated warts removed from the right side of the neck. I questioned her for other symptoms, but she resented the catechising, saying that she heard that I cured warts, and that was all she came to me for. I sat down and reasoned with her. After being told that I should prescribe for her and not for warts, and that if I succeeded in making her a well woman the warts would be gone, she gave these symptoms:

Frequently sick headaches—a pressive pain begins in the forehead and extends to the eyes and occiput, worse by lying down—cannot sleep with the headache, better by vomiting a sour fluid.

Bowels obstinately constipated; takes physic every night. Menses irregular in time, color, and quantity, frequently very profuse, always with severe pain from pubes to sacrum. Leucorrhœa thick, ropy, and albuminous. *R. Sabina*<sup>1m</sup>, *four doses, one hour interval*.

September 2d.—Only one wart remains. The most troublesome one dropped off on the third day after the prescription. The menses came on without pain. *No medicine*.

May 18th, 1891.—Menstruation pretty comfortable until last month. The gums are spongy about decayed teeth and bleed freely. The warts are re-appearing. *R. Sabina*<sup>45m</sup> (*F.*), *one dose*.

This put an end to the dysmenorrhœa and warts. The headaches were already mitigated.

## VIII.—GRAPHITES. SULPHUR.

June 20th, 1890.—A servant girl aged thirty-five years has had eczema upon the left wrist for six weeks. It is covered by a thick brown crust, which cracks and peels off at intervals of from one to three days, leaving a raw surface, from which a

sticky moisture exudes in drops. This soon forms another crust. It has intense burning and itching, worse at night and from bathing it. The feet frequently burn at night so that she uncovers them. She is constipated and the stools are large and hard. The menses come early and are painful. *R<sub>x</sub> Graph.<sup>1m</sup>, four doses, one hour interval.*

July 6th.—A severe aggravation followed the prescription, and spots of eczema appeared upon the back. *No medicine.*

July 13th.—The eczema has gone from the back, but is showing on the abdomen. The wrist has less itching and moisture; the crust is thin and losing its tendency to crack. The bowels are regular and stools natural. The eyes are full of tears; the vision has become so weak that she cannot see to read. (A pathogenetic symptom.) *No medicine.*

July 20th.—The wrist is still improving. No eczema now on body. The eyes are even weaker with more lachrymation. *No medicine.*

August 3d.—The spot of eczema is larger, with a very thin scale and no moisture. It becomes red, painful, and sore if it is wet. It has voluptuous itching in the evening when heated. The eyes are about well. *R<sub>x</sub> Sulph.<sup>1m</sup>, one dose.*

September 7th.—Immediate improvement followed. Two weeks ago ulceration occurred about the nail of the second finger of the left hand. No sign of the eczema since. *No medicine.*

#### DISCUSSION.

Dr. W. Wesselhœft—Please give the complexion and temperament of the woman who was cured with Capsicum.

Dr. Case—Dark complexion, hair and eyes; irritable and fretful in disposition.

Dr. W. Wesselhœft—I have always thought of Capsicum in flabby, relaxed women, and very rarely in thin, nervous women.

Dr. Case—If she gains in flesh another year as rapidly as during the last six months, she will be somewhat like the typical Capsicum patient.

## TYPHOID PNEUMONIA.

B. LE BARON BAYLIES, M. D., BROOKLYN, N. Y.

November 5th, 1890.—James Brown, printer; dark complexioned; about six feet in height; thirty years of age. Arrived three days ago from California, a cough attacking him on the train. Since his arrival, though fatigued and feeble, he had traveled much about town, and last evening, at 6 P. M., had a chill, followed by hot fever, which still continued November 5th, 5.30 P. M. Face dark-hued, cheeks flushed; constantly sleeping till awakened by cough, which is attended by pain in the right upper chest and shoulder. When addressed aloud, he answers clearly, and falls asleep again immediately. He had a stupid feeling in the head, and sleepiness during the entire chill. Now, his *head feels big*; his hands and fingers *big and heavy*—"a ton weight," he says, as if impossible to be moved, but "they get limbered up" after a little effort. He wants to turn, as he becomes uneasy from lying long in one position; the shoulders and back feel sore when long lain upon. At present, he lies partially on the right side, face inclined toward the pillow, supporting himself upon the left elbow, knees slightly bent. Temperature of the body high; rapid pulse and respiration. Physical signs indicate pneumonia of the upper portion of the right lung; pneumonic sputa, of the first stage.

The sore feeling of the parts of the body in contact with the bed, especially directs attention to Arnica and Baptisia; the stupor and the sensation of enlargement and weight of the head, hands, and fingers elect Baptisia as the remedy, of which the 1000th was given in solution every two hours; milk, taken freely, about every two hours. The patient is a vegetarian, and refuses beef broth or beef tea.

November 5th, 8 P. M.—Very restless; temperature,  $105.6^{\circ}$ ; pulse, 120; respiration, 35. The whole body aches.

November 6th, 2 A. M.—Temperature,  $104.2^{\circ}$ ; pulse, 120; respiration, 35. Perspiring a little on the forehead.

November 6th, 6 A. M.—Temperature, pulse, and respiration



the same as four hours earlier. Very little sleep during the night.

November 6th, 9 A. M.—Temperature,  $104^{\circ}$ ; pulse and respiration unchanged.

November 6th, 5 P. M.—Temperature,  $105.4^{\circ}$ ; pulse reduced six beats, to 114; respiration, raised 5, to 40.

November 6th, 6.30 P. M.—Temperature,  $102.2^{\circ}$ , after an alcohol bath—*i. e.*, after sponging the body with alcohol and water—has taken hitherto the milk warm; now cold—a cupful at a time.

Baptisia <sup>1000</sup> in solution every three hours.

November 7th, 5 A. M.—Temperature,  $102^{\circ}$ ; pulse, 114; respiration, 40.

November 7th, 8 A. M.—Temperature,  $103.6^{\circ}$ ; pulse, 114; respiration, 38. He has slept some and is less restless. Sputa, orange colored; uniform in density.

November 7th, 2 P. M.—Had less aching and soreness to-day. Temperature,  $104^{\circ}$ ; pulse, 116; respiration, 38. This rise of temperature was due to the obtrusion of a talkative friend.

November 7th, 5 P. M.—Perspiring very freely, and in evening very comfortable. At midnight, restful.

November 8th.—Took for the first time a little oatmeal-gruel in the morning.

November 8th, 6 P. M.—Very comfortable; without pain; sleeping; has had slight nose-bleed; is very irritable; complains of weakness, of exhaustion.

November 8th, 9 P. M.—Temperature,  $103.6^{\circ}$ ; pulse, 100; respiration 32; has been very comfortable and quiet, except when waking with cough, which he says weakens him; mind quite clear and bright; enjoys his food.

November 9th, 7 P. M.—Temperature,  $104^{\circ}$ ; pulse, 100; respiration, 34; he complains of sharp stitching in the right hypochondrium when coughing; the pain lasting half an hour.

November 9th, 9 P. M.—Quietly sleeping; general perspiration.

November 10th, 2 A. M.—Temperature,  $103.2^{\circ}$ ; pulse, 104; respiration, 36. Feeling comfortable.

November 10th, 7 A. M.—Has slept five to six hours during the past night. Temperature,  $103.4^{\circ}$ ; pulse, 98; respiration, 45.

November 10th, 10 P. M.—Reduced the dose of Baptisia<sup>1000</sup> by diluting the solution with water twenty times, giving it only during the febrile aggravation.

November 11th, 1.30 A. M.—Very comfortable.

November 11th, 8 A. M.—Temperature,  $100.4^{\circ}$ ; pulse, 76; respiration, 30. Slept comfortably, at intervals, five to six hours during the night; perspiring freely.

November 11th, 11 A. M.—Temperature,  $98.6^{\circ}$ ; respiration, 35. Medicine omitted.

November 11th, 2 P. M.—Temperature,  $98.5^{\circ}$ ; pulse, 70; respiration, 30.

November 11th, 6.15 P. M.—Temperature,  $99.2^{\circ}$ ; pulse, 70; respiration, 30. Has been very comfortable all day, little cough, causing less shock; sputa nearly white, skin of the arms and hands is natural, no inclination or ability to pass urine, which has been drawn three times since the morning of the 10th (night and morning). He continues to take about half a pint of cold milk every two hours.

November 12th, 3 A. M.—Temperature,  $98.1^{\circ}$ ; pulse, 66; respiration, 28. No medicine.

November 12th, 5.30 P. M.—Temperature,  $98.4^{\circ}$ ; pulse, 66; respiration, 28.

November 13th, 2 A. M.—A large, solid fecal movement; quiet sleep for three and a half hours; passed urine naturally, with one exception, since the 11th.

November 19th.—Temperature, pulse, and respiration normal.

November 21st.—Well, except occasional slight cough and some debility, from all of which he soon recovered with no further treatment, except one dose of Sulphur<sup>200</sup> and one of Kali-carb.<sup>45m</sup> while convalescent.

On the second day of this man's illness, the nurse being relieved for a short time, visited the old-school hospital where she was being trained, and seeing the physician in charge, was asked: "Well, what ails your patient?"

A. "Typhoid pneumonia (naming the temperature, state of the pulse, and respiration)."

Q. "What is the doctor doing? Giving Quinine—Antipyrine—using the cold bath?"

A. "No, only giving a little of something in water every two hours."

Doctor. "Well, *he won't live!*"

A few days later she saw the same physician, and reported the patient's improvement.

"Well, it wasn't pneumonia!"

"Yes, but it was!" said the nurse; "with painful cough and raising bloody phlegm."

"A very remarkable case," was the reply.

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## A CASE OF TYPHOID PNEUMONIA CURED WITH HYOS.<sup>DM</sup>.

SAMUEL A. KIMBALL, M. D., BOSTON, MASS.

Miss —, a delicate child seven years of age, has never been strong since she was vaccinated when nine months old. Until then she was a plump, healthy baby, but after the vaccination she became thin, was constantly ailing, and whenever sick was very ill, having had the measles, whooping cough, and scarlet fever in a most aggravated form.

I was called to see her in the evening of March 11th, 1891. She then had been ill about five days with pneumonia, under the care of a so-called homœopathic physician, taking from three to five remedies daily, and at the time of my visit Iodine and Bromium in hourly alternation. She was much emaciated, lying on her back in a half sleeping, delirious condition, with moaning, crying out, jumping and starting.

Sleeping with half open eyes.

Moaning, crying out and screaming during sleep. Irritable on waking. Nostrils dilate during respiration.

Tongue dry, brown; lips and teeth covered with sordes.

Urine scanty, passed once daily; involuntary urine this A. M., staining reddish brown. Hard, dry cough with moaning before

coughing, much rattling in the chest, but rarely any expectoration. There was dullness on percussion, with moist râles, over the whole right chest, front and back. Temperature, 103.5°; pulse, 120; respiration, 50 to 60.

The case was carefully studied. Lyc. and Hyos. were each more prominent than other remedies, but on account of the irritability on waking, the dilatation of the nostrils during respiration, the reddish stain from the involuntary urine and the attack being right sided, Lyc. was selected and two doses of the DMM potency, Swan, were given in water three hours apart.

March 12th, 8 A. M.—She slept fairly well, but would moan, cry out and start up in sleep before coughing. This morning she is in a semi-delirious condition most of the time, restless and irritable, with moaning and crying out. Has had hands on the genitals. Cough the same, physical signs the same. Tongue dry, brown; sordes still on the teeth. Nose obstructed. No urine since yesterday noon. Temperature, 102°; pulse, 120; respiration, 48 to 60.

At 12.30 P. M. temperature, 103.4°. Passed considerable urine at 12.45 P. M., after two or three painful, ineffectual efforts. Involuntary urine at 1.30 P. M., with slight yellow stool that stained the sheet an orange yellow. She coughs and swallows the expectoration. At 1.45 P. M. another dose of Lyc.<sup>DMM</sup>, in water, was given. Temperature at 3 P. M., 102°; respiration, 48 to 60. Yellow stool at 4 P. M., not watery. Desire for light, wishes the curtain pulled up.

Feet cold this afternoon. Answers correctly when spoken to, but immediately becomes delirious or falls asleep.

During the evening she moaned and talked in sleep, called for her papa, seemed to be in fear, afraid of bears and of falling. About 10 P. M. as her mother approached the bed, she started up with staring eyes, widely dilated pupils, shouted at and struck her mother, as if in great fear. She sprang at me in the same manner and seemed terrified, as if we were dreadful objects that she was trying to frighten away.

The mental symptoms were now more pronounced than at any time.



The involuntary stool and urine in the morning, the character of the delirium during the day, answering correctly when spoken to but immediately relapsing into delirium, the terror at night with staring eyes and widely-dilated pupils, all pointed strongly to Hyos. Since the Lyc, there had been no particular improvement, not as much as one would expect from the simillimum, and the mental condition was worse.

Hyos.<sup>DMM</sup>, Swan, was given in water at 10 P. M., and another dose in three hours.

March 13th, 8 A. M.—She had a restless night with more talking than moaning, imagined herself lost. Restless with tossing about before coughing.

A small stool before midnight.

The latter part of the night slept with eyes closed, no more fear.

This morning she is rational, mind quite clear, but she is very weak. Tongue dry, lips dry.

Temperature, 101.4°; pulse, 144; respiration better.

During these few days it was very difficult to nourish her. All she would take was two or three teaspoonfuls of cream and water alternating with the same amount of unfermented grape juice every half-hour, and at times even this was refused.

5 P. M.—Has had a quiet and comfortable day and has taken food well.

No delirium. A soft, yellow stool at 2.30 P. M. Fine râles all over the right chest, and less dullness in the upper part, resolution was beginning from above downward. Tongue moist. Temperature, 102.4°.

March 14th.—Had a good night, passed urine in the night, is perfectly rational, eats well, tongue moist. Temperature, 100.4°.

From this time her improvement was rapid. The cough continued hard and dry with pain in the right chest.

In about a week, improvement ceasing, she received a dose dry of Sulph.<sup>cm</sup>, Johnstone, followed by complete recovery, and since then her general health has been better than ever before.

## DISCUSSION.

Dr. Campbell—I noticed that when Dr. Baylies delayed the giving of the medicine, the improvement was more marked, and when he ceased altogether it was still more marked and convalescence occurred sooner.

Dr. Long—I take exception to a point in the treatment of both cases, not so marked in Dr. Kimball's case as in Dr. Baylies'—that is, the frequent use of the thermometer.

Dr. Baylies—The temperature was taken by a trained nurse, before my arrival, and its continuance allowed without injury to the patient.

Dr. Long—Who runs the case; the trained nurse or the doctor? Would you allow a trained nurse to take the temperature every few minutes in typhoid?

Dr. Farley—Do you think this is another poultice?

Dr. McLaren—What is the objection to the use of the thermometer? I should like to know whether it is the same as mine.

Dr. Long—My objection is: first, it is apt to make the physician uncertain and nervous, and to interfere with his sound judgment in the selection of a remedy; second, it is very apt to cause disturbance with the patient and the friends. In other words, I think it causes unnecessary work and trouble on the part of the patient and his friends.

Dr. McLaren—I can give an instance of the mongrel use of the thermometer in the case of an old gentleman who was in a bad way. It became necessary, the friends thought, to hold a consultation with a mongrel. He came in with a thermometer, put it under the arm and also under the tongue, shook his head and passed it around. When he got down-stairs he said that the man was going to die in a week. He thought no treatment was of any use. He based his judgment on the thermometer alone. The case, however, lived six weeks on a CM potency; the DM held him two weeks more. He lived, altogether, two months after the consultation.

Dr. S. Close—Dr. Wells used to tell a story illustrating the

abuse of the thermometer. He was called to see a young medical student, who imagined he had a fever, and had been taking his own temperature very frequently. He informed Dr. Wells of the daily run of his temperature. The doctor took the thermometer away from the patient, told him not to worry about the fever, and the next day he was well.

Dr. Baylies—This use of the thermometer was, for me, almost unprecedented. I don't suppose I have used it ten times in my life. I regard it as furnishing no indication for homœopathic treatment. The nurse took the temperature, and as I found no bad results I allowed her to continue.

Dr. Kimball—The thermometer had not the slightest significance to me in the selection of the remedy. I do not often use the thermometer in my practice, but it sometimes gives us important information.

Dr. W. L. Morgan—I was called to see a case that was given up as hopeless, two weeks ago. I found the patient very cold, temperature  $96\frac{1}{8}^{\circ}$ , but a single dose of Carbo-veg.<sup>cm</sup> raised the temperature to normal, and the patient was doing well when I left home.

Dr. Sawyer—I think there are two sides to this thermometer question. When the gripe was prevalent in the West we had some peculiar fever symptoms which one would be apt to miss without a thermometer. The temperature ran very low when it was not indicated by the pulse nor by feeling of the body. These cases under old-school treatment, which was usually successive doses of Quinine, died every time. The same kind of cases under one dose of Quinine high recovered every time.

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## CASES CURED BY PSORINUM.

I. DEVER, M. D., CLINTON, N. Y.

February 10th, 1889, I was called to see R——, a bright-eyed little boy three years old.

His parents were robust Irish Americans, in whom there was not the least appearance of scrofula, but the child had inherited a degree of vitality far below that of either of his parents.

He had become the subject of a previous attack of illness, which the physician diagnosed as capillary bronchitis, from which he had to all appearance recovered, and remained in good health up to January, 1890, when he again fell sick. The same physician who had attended him through the previous attack was called, as the mother remarked, "To put him through again." Capillary bronchitis was the diagnosis, followed by a course of external and internal medication which left nothing to be desired in the way of heroic treatment, but it left the little patient in what the parents and friends supposed to be a dying condition.

When I was called I found the child covered with flannel and the room heated to an unendurable temperature, in explanation of which I was informed that the patient could not bear the least draught of cold air. He could get no rest except when covered, head and eyes, with warm flannel, and then he would only be quiet for ten or fifteen minutes at a time.

His favorite position was with his head and face pushed deep into the pillow. At first I thought he assumed this position to exclude the light, as his eyes were red and inflamed, nevertheless I regarded it as a characteristic, and on further investigation found it one of significant importance when I came to make choice of the curative remedy.

The fever had been running for three weeks and the child was terribly emaciated, the abdomen was distended, and there was diarrhœa, the character of which was thin and offensive.

He had a cough with a moist bronchial rattle caused by a collection of mucus in the trachea and bronchial tubes. There was dyspnœa when the patient was held in a sitting position. Great drops of perspiration covered the face and upper lip. I had no thermometer with me, but I found the pulse to be 150 and the respiration 50 in a minute.

Auscultation revealed the fact that the bronchia and large air cells were loaded with a mucus so tough that it could not be expectorated. The patient when well was of a good disposition, but now he kept up a constant whine, and was so peevish that he would cry or whine when spoken to or touched though ever



so gently. After my examination of the child I told the father that I would much rather not have been called at so late a stage of the case, but I would prescribe, providing he would allow me to treat the boy to the end, to which he agreed, as he had no hope of his recovery, unless relief came soon.

Now for a prescription.

The symptoms on which to base a homœopathic prescription were somewhat in the background, from the fact that the child had been so thoroughly medicated with everything except the right thing that it was difficult to tell just which symptoms were caused by the super-abundant medication and which were purely the result of the cause which had so disturbed the vital-forces that life appeared to be hanging in a balance. However, after thinking the matter over I prescribed Tart-emet.<sup>200</sup>, and waited for five-days, at the expiration of which time I could see no change further than I could attribute to a cessation of the large quantity of allopathic medicine he had been compelled to swallow. I thought I could see Sulphur as the indicated remedy and prescribed one dose, 200, but no change came about for the better. The child had eaten nothing since his illness, he had not been free from fever, and he coughed all the time. I could not see that he was less sensitive to the cold, and the perspiration still stood out on his upper lip. All who saw him would say, "Poor little boy, he is going with consumption."

To all appearances this was a hopeless case, and all had given up except the mother and myself. And I must confess that so far my prescriptions had disappointed my expectations. But the patient was yet alive, and with a firm faith in the law of similars I wrote out another description of the case, which directed my attention to Psorinum. Here the symptoms are: The boy hides his face in the pillow, and finds his only relief by lying on his face. He is covered with perspiration, but more especially on the face and upper lip. His eyes are inflamed and he cannot bear the light. He has pains in his ears after being exposed to cold air. He cannot bear the cold but wants the head covered up warm. Has thirst, drinks often, but little

at a time. Coughs and rattles all over the chest, which can be distinctly heard by placing the ear to the thorax. Abdomen distended. Dyspnœa and palpitation of the heart. One dose of Psorinum<sup>1500</sup> greatly aggravated the symptoms and I was called in a hurry, but I did not interfere with the action of my remedy but allowed this one dose to complete the case, which has remained good up to date.

Case second. Miss E——, a maiden lady of thirty-eight summers, called at my office September 9th, 1888.

The burden of her complaint was a sore head which dated back to the time of her childhood. She had never been treated by a homœopath and could tell but little about herself, except she had a sore head, and, like many who come to us for relief, thought that that was enough for the doctor to know. She finally exhibited some spots on her arms, which she said itched and burned when scratched. Her head was covered with dirty scabs, which exuded a dirty, sticky, bad-smelling serum that matted her hair together in one tangled mass. I prescribed one dose of Sepia<sup>200</sup>, but missed the mark. She called in a year to tell me that my medicine did not help her. I then prescribed Psorinum<sup>200</sup>, one dose, which aggravated her sufferings and brought the eruption out on her face and ears, until she was a "sight," as she expressed it, and to get relief she called on another physician who prepared her a tar ointment, but she was afraid to use it and sent to me for more medicine. I sent Psorinum<sup>1500</sup>, one dose, which cured the difficulty, and the cure still remains good to the present writing.

August 9th, 1891, Mrs. W—— called me to see her nine-months-old baby. This baby had been treated for three weeks by an allopathic doctor for what he called cholera infantum, and of course I found it under the influence of a narcotic. The head was thrown back, eyes half open, pupils contracted, and other indications of scientific treatment. The temperature was 105°, the pulse so weak and fast that I could not count it at the wrist.

The mother told me that her baby had been in the above-named condition for over three weeks. The diarrhœa was thin

and of a dirty brown color, voided in a gush, and very offensive. I could not examine the discharges, as they had to be removed and thrown away on account of their fetid condition. Judging from her description of the discharges I gave Pod.<sup>200</sup>. Called next day to find the narcotic symptoms had all disappeared, but there was little, if any, change in respect to the diarrhœa. No medicine for some days until I could gather symptoms on which to make a homœopathic prescription.

This was a hand-fed child. I substituted one part of fresh cream to two parts of hot water, to which I added a little sugar in the place of a diet of milk. After carefully writing out the important symptoms I had the following disposition: Peevish, whining, cross, with no disposition to sleep. Will not sleep except on the face. Head hot and perspiring; covered with perspiration. He vomited everything taken into the stomach. Abdomen was distended. The diarrhœa was thin, dirty brown, and fetid, smelling like carrion. *Worse* at night. *Thin*, containing green mucus mixed with blood. Cold aggravated all of the symptoms. I regard the peevish disposition, the inclination to perspire, the position taken by the child with its face bored deep into the pillow, together with the sensitiveness to cold as characteristic of Psorinum, and gave a dose, 200, which cured the vomiting and diarrhœa, but brought out a crop of dark blue pustules, which covered the little patient's head and breast. But the child grew better right along and recovered without further medicine, and to-day he is a bright, healthy boy, and may some day be elected President for aught I know.

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### A CASE OF ACNE.

D. C. McLAREN, M. D., OTTAWA, CAN.

On December 26th, 1889, Miss H., aged twenty-seven, came to me for treatment for the worst facial acne I have ever seen. There were thick clusters on both cheeks, across the nose, on the chin and forehead. They began on the forehead originally as simple red acne some eight years before, and for five years had



been very disfiguring. It grew so much worse from a recent cold that she decided to seek treatment for the disorder. At this time the eruption was pustular, with stinging pains when near the stove. She was always better in summer, though the face felt better in the cool air of winter; the face was greasy in summer; hair dry and turning slightly gray; fine, dry dandruff. Any exercise flushes the face and causes stinging pain; also, stooping over makes the face hot and red. Washing in tepid water gave relief, but in either hot or cold water aggravated. Mental condition irritable.

Began the treatment with one dose of Belladonna<sup>40m</sup>, which greatly improved the acute symptoms. The next remedy was Sulphur, given on January 6th, 1890. After this the eruption became much thicker, but with relief of an old tired feeling which had not been mentioned at first. After about six weeks there was considerable disturbance of the general health, for which she received a dose of Rhus, which was evidently a mistake, as three weeks later the Sulphur was repeated (March 13th), with benefit. On May 19th, however, I gave Rhus again; after this the menses, which had been greatly disturbed during the previous five months, became more settled, but with a new characteristic, viz.: flowing only in daytime. With this as a key-note, she got Causticum on July 5th. There was no medicine given until September 29th, when she again received Rhus for the acne, which now began to recur less frequently, became much smaller, and not so pustular. The face became hot and red from a cold, for which Belladonna was given October 27th, followed by Calcarea<sup>85m</sup> on November 17th, which improved the case wonderfully. From then till May 7th, 1891, she got Belladonna and Calcarea at intervals of about six weeks, and during all this time there was steady improvement, though slow. On July 28th, gave a dose of Psorinum<sup>50m</sup>, which was allowed to act undisturbed for a little over four months. Then a dose of Sulphur on December 3d, 1891, virtually ended the case, and the patient is now practically cured, though it will take a long time yet for the skin of her



face to get over the scars caused by such a long-continued eruption.

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Dr. Farley—The writer complained of that result as a slow one. It does not seem so to me. The result was rapid for such a case.

Adjourned to 8 P. M.

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*Third Day—Evening Session.*

Thursday, June 23d, 1892, 8 P. M.

SYCOTIC DYSMENORRHOEA.

GEORGE H. CLARK, M. D., GERMANTOWN, PA.

As an illustration of the baneful effects of the sycotic poison, the following case, one among several that have come under notice in the past several years, will serve to give emphasis to what has been written before on this subject.

Five years ago, a young woman, æt. seventeen years, came for treatment for painful menses especially.

The previous history, as told by her mother, was that she had always seemed to lack strength. Up to her fifth year she had appeared well, but from that time she always complained of being tired from the least exertion. She would awake in the morning feeling worn out. A loose cough, without expectoration, was the only other noticeable symptom. In appearance she seemed perfectly well. She attended school regularly, and had no other symptoms until she arrived at puberty, when the lassitude became more prominent, particularly before and after the menses.

The menses first appeared during her fifteenth year, and for a few months there was little or no trouble, except the prostration. Then she began to have more or less pain for the first two days of the period, with weakness in the uterine region, and a feeling as though the pelvic organs would fall out.

This continued, and after a few months more, with the pain

during menses, there were slight convulsions, which increased from month to month until she came under my notice.

At each menstrual period there would precede the flow, for a few hours, much pain in the uterine and ovarian regions, which would disappear about four hours after the flow came on.

Remedies were given which gave much ease at the next period, and then I would hear nothing from her.

At last there arose, in connection with the pain at each period, symptoms that indicated more than simple dysmenorrhœa. The menses would be preceded several hours by terrible convulsions, which would continue until the flow appeared. There were jerking of the head from side to side, opisthotonus, and forcible flexion of the fingers—in other words, tonic spasms.

Considering these symptoms in connection with the marked debility, I asked her father how long it had been since he had gonorrhœa. He was surprised at my question, but acknowledged that before marriage he had had two attacks. I also told him he had been treated by injections, which he said was correct.

There was now no doubt of the nature of the difficulty. I informed her mother that it would require some years to make her well, but I could promise she would be better in a few months, if she would follow my advice. This they promised to do. She began to improve at once.

The period following the remedy given for the convulsions, the pain, the debility, and the other symptoms, was much easier than many of the preceding, and she continued to come for treatment for about three months. Then I saw nothing more of her for several months, when she re-appeared with the statement that she thought she was cured, but that now her old symptoms had returned.

She again improved under treatment, and again failed to appear for several months. At last her father came one day in great haste and said: "Can you do nothing for my daughter? I have just left her, and I have never seen such suffering. She had an awful convulsion, which lasted two hours, and I am anxious to know whether she can be helped."

He was told that help had been given, and it was prom-

ised to be more permanent, provided my advice was followed. That was to continue treatment for two years. The improvement following the renewed treatment was as marked as before, and she has continued to come until the present.

In February last the menstrual period was delayed, and, without consulting me, she took from a small vial which had been given her two years ago, several doses in quick succession. Then followed symptoms from which she had been free for several months.

Her mother wrote: "My daughter had a spasm while sitting up in bed at 11.30 o'clock. The flow appeared at 9 o'clock. The pain across the abdomen was not so severe as formerly, and she said she felt as though her back would break. The spasms and vomiting continued until 4 o'clock. The spasms were very severe; she gritted her teeth until I was afraid she would break them off; clenched her hands, and twisted her arms completely around; her head was drawn back, and every part of her body affected. She was much exhausted and then fell into sleep. She had a wakeful night, and complains now of her head feeling as though spikes had been driven through it, and is passionate and irritable, and has spells of crying."

The remedy she had taken without advice, and which had been formerly given one dose each day two days before the time for the menses, was Cuprum-acet.<sup>45m</sup>.

A reference to its pathogenesis will show that it produces such symptoms as she had.

The symptoms for which it had been given had disappeared, and did not return until the remedy was taken when not necessary. Stramonium was given as an antidote. After this I went over her symptoms again, and the following were noted:

Great despondency; feels like crying all the time, but has no cause for it. Is afraid to be alone, particularly at night. Fear of going into a crowded place; does not want to go to church. Constant anxiety. Dislikes to write a note, for fear she cannot write correctly. Wishes to see none but members of the family. Cannot concentrate her thoughts; thinks there is no use in reading, for she cannot remember anything.

Pain and soreness in region of left ovary. Is better able to walk without fatigue, but is still averse to doing anything. Loose, rattling cough, worse on rising in the morning. Later her mother informs me that at times she seems quite bright and cheerful, but is mostly lamenting her condition, and thinks it a hardship that she should be an invalid. She complains of having a weak, nervous feeling constantly, is easily startled, but is not now afraid to go about alone.

Medorrhinum<sup>dim.</sup>, is the remedy that has been acting since she recovered from the effects of the Cuprum taken in February.

#### DISCUSSION.

Dr. Farley—I should like to hear how the Doctor decided that the case was sycotic.

Dr. Clark—I decided after I learned the father had sycosis. I had had several cases precisely the same as this, which were sycotic, but I did not decide in this case positively until I had asked the father. I knew her father very well; he had been an invalid for forty years; he had been Dr. Hering's patient. In walking he appeared to suffer from loss of the ligaments of the head of the femur. Once when his daughter was very sick, Dr. Lippe was called in consultation, then Dr. Fellger. Fellger said there was loss of the capsular ligament, and also the ligamentum teres; and also that the father must have had some venereal disease. I then concluded that it must be sycotic dysmenorrhœa in the daughter. Since then I have had several cases. As I said yesterday, Medorrhinum was a very disappointing remedy to me. I have prescribed it in cases where it was certainly indicated, with temporary relief only.

Dr. Tompkins—I should like to know whether this group of mental symptoms is to be held as characteristic of sycosis. One of our members gave me that impression. While Dr. Clark was reading his paper I could almost have sworn he was reading from notes of a case of my own, as far as the mental symptoms go. Sepia was the sufficient remedy for the constipation, the headache, and the mental symptoms.



Dr. Farley—Has that fishy odor been observed as particularly characteristic of Medorrhinum?

Dr. Baylies—Is that not characteristic of Sanicula and of another drug, which I cannot recall this minute? (Tellurium.)

Dr. Clark—The mental symptoms are the most important symptoms of all. Granvogl says: "No matter what the pathological condition may be, there will always be these mental symptoms in sycosis, and the morbid discharge from the mucous membrane will be greenish." His work is out of print, but I presume it can be obtained.

Dr. Tompkins—It is to be hoped that not even so excellent a remedy as Medorrhinum can lead us into the error of prescribing for a sycosis rather than for our patient. We must, I suppose, individualize our cases of sycosis as carefully as any other.

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## CLINICAL CASES.

B. FINCKE, M.D., BROOKLYN, N. Y.

1. Mrs. D. June 26th, 1859. 3 P. M.—Chill last night at 11 P. M. with pains in all the bones and slight thirst, lasting one hour and a half; then fever, lasting till morning with perspiration. Vomiting to-day. Pain in passing water. Constipation, for which she took Castor Oil with immediate effect; also gin and water without effect. *Rx.* Pulsatilla-nig. 5m (F.) three pellets. Cured.

2. Mrs. D. June 11th, 1864.—Felon on the right thumb for one week. Cut this morning in several places, looking frightful, suppurating, with violent sticking pains all along the arm. The physician says she will lose her bone. The cutting made everything worse. *Rx.* Silicea 40m (F.); a few pellets in half a tumbler of water; a teaspoonful every three hours. Seven powders.

June 15th.—The pains had subsided the second day. A large red blister formed at the back of the thumb below the nail; the thumb was in good shape and looked like healing. The woman coming five miles distance was astonished at the result and got well without anything else than the internal medication.

3. Mrs. D. Forty years ; pregnant. February 28th, 1867. Echo of her own words, and of her own breathing ; buzzing in her right ear after 4 P. M. *R.* Causticum cm (F.). Had an astringent taste and cured.

4. Mrs. S. January 3d, 1865. 11.15 A. M.—Since a fortnight toothache, slowly increasing till about five days ago, when the pains became very violent. Tearing and stinging and burning pains in the lower left three molars, later going into ears and forehead ; incessant ; ameliorated by cold water held in the mouth, and by external warmth. Tearing in the left leg below the knee downward. Sensation between the shoulders as of ice. Chilliness, thirst. Three days ago the lower jaw began to swell. Took yesterday Antimon. crud. without effect. She went to a dentist to have one of the affected molars drawn, which felt three times larger and had a flat cavity just above the gum, but the dentist refused because it would make her much worse. The woman declared afterward that she had a good deal of toothache in her life, but nothing like this before. She heated a knitting needle red hot and burned the tooth, but the help it afforded did not last long. Quarter past eleven o'clock A. M. *R.* Silicea cm (F.) two pellets.

January 6th.—The toothache was better immediately and decreased gradually. The tooth feels a little larger yet, but is not elongated. Pains almost all gone. Throbbing in the lower jaw in the bone below. The day when she took the medicine, between 3 and 4 P. M., violent tearing in the left cheek and left ear, which felt as if ulcerated, and did not bear the least touch. Yesterday terrible tearing pain in the left arm, mostly upper arm, with numbness of the fingers. After this ceased it was as if fire was running through with burning of the skin. Several times a stitch below the right short ribs going half-way through the body inward on a place where it was so painful yesterday, as from ulceration, that she could not bear touching it. Yesterday sensation in the splenic region inside like ice, then turning into violent heat for half an hour. She wakes up about 1 A. M. and cannot sleep any more. She took nothing else and was well.

5. Mrs. S. May 23d, 1865.—Whilst washing, standing on cold stones, on the third day of menstruation, this stopped, and, suddenly, bearing down of the womb came on with terrible hot cutting pains in the hypogastrium, more in the right side, going down the thigh like wild labor pains and around the navel. Half-past nine P. M. R<sub>x</sub>. Pulsatilla-nig. 5m (F.).

After half an hour better. The pains went back very much as they came like in emptying a bottle, then heat and burning in the stomach, going up to œsophagus and out of the mouth. The places of pain are now sore as from a wound.

June 10th.—Menses did not return, but she was well.

6. George L——, merchant, August 9th, 1864, lived in Gowanus last May, got chills and fever, and was treated with Quinine. Chill came on at 10 A. M. and lasted till noon, followed by perspiration, with thirst through all the stages. It came on four or five times as tertiary, then it stopped. Took Quinine, seven grains at once, then five grains three times every day for eight days. Then the fever was gone.

But since then he gets the fever sometimes in the forenoon. Several days preceding it, tired pains in sacrum and lower extremities. Yesterday tired, languid, white fingers. Chill for one hour, shaking, some headache, nausea, then heat for fifteen minutes, then sweat for three hours. Urine dark with dark red sediment. Stool normal. After having had the fever a second time, swollen feet and eruption around lips and nose for eight days. Some yellowness of conjunctiva. Tongue rose-colored with enlarged papillæ, but when he has the fever the tongue is coated whitish-yellow. Sometimes gets an attack in one, two or five weeks, and he takes Quinine between times. Sleeps well, has an inborn aversion to wine, beer or other spirituous beverages, but loves coffee and tea passionately. Smokes a good deal. Had an attack of cholera five years ago treated allopathically by Opium. 9 A. M., R<sub>x</sub>. Natrum-mur. 5m (F.). Several years after I learned from a patient sent by him that this dose cured him right up.

7. F. M——, a music teacher, short, thick-set, March 5th, 1874.—Had given a lesson in a heated room, gets a cold perspira-



tion, nausea, a dreadful colic, the cold sweat running in streams all over his body, and he thinks he must die. 4 P. M., R. Arsenicum-a. 90m (F.). In ten minutes it was all gone and he was well.

8. Dr. B——, July 22d, 1867.—Sciatica in left lower limb, worse on coughing, laughing, sneezing, going to stool, straightening the limb, stepping lower than imagined. Rheumatism in the small of back preceded it. The pain goes from the foramen sciaticum down to the foot, which is numb. Suffers since June 28th. R. Tellur-met. 90m (F.). May 24th, 1874.—Helped him and since then he cures all the sciaticas of his patients with Tellur. 90m. So he told me to-day.

9. E. K.—, nineteen years, dark, florid complexion, tall and thin. October 12th, 1866, quarter of three P. M., was brought to my office by the late apothecary, Mr. Smith, bleeding from the nose profusely. I gave him at once a dose of Acon. cm (F.), which stopped the bleeding in a few minutes while in the office, and he did not bleed for two months after, when a little blood came from the right nostril.

This case was a fearful one. He was taken in Nassau Street, New York, bleeding all the time. When arriving at Smith's store the blood was streaming from both nostrils and filled a basin full. Mr. Smith held a piece of ice six inches square on the back of the neck, but it was not of the least avail. The bleeding continued all the way and here, till Acon. cm stopped it. That boy must have had a greater amount of blood in him than common. And yet he did not show much weakness, for he walked home again in a short while. He had valvular disease of the heart for which I treated him. For half a year he did not come near me because he felt so well. But then he struck his nose and bled for five minutes, when it stopped by itself. Later on, when I treated him for his heart disease, he bled again for an hour after over-exertion in warm weather, and that was the last I saw of him. He went from me to Dr. Boskowitz, and from him to an allopathic physician, under whose care he died a couple of years later, having got married in the meantime.



10. Mr. G., forty-five years, slight frame, merchant, July 22d, 1867. Since July 4th, from ice-cream and new potatoes, sinking in stomach. Bad taste in mouth. Heavy weight two and a half inches below the liver in the axillary line—"the hand can grasp it"—Dr. Willard Parker who examined him said it was not the liver—steady dull though not constant pain eased by hot cloths. Appetite tolerable. Qualmish, nauseous. Fried oysters, raw chestnuts disagree with him. Offensive breath. Sleeps badly. Confused dreams. When waking up, swelling of penis. Tongue slightly coated. Nasal catarrh, matter forming in the nose. No sense of smell. From any little cause, cold, or indigestion all the symptoms re-appear. Hands dry. Feet cold. Want of vital heat. Active exercise weakens him too much. Low-spirited, feels like crying. *Rx.* Nuxvom. 50m (F.).

Got well shortly and ever since remained well.

11. Mrs. W., fifty-odd years, February 15th, 1872.—Had severe pain in the pelvic region which made it difficult for her to walk, and rubbed on a mixture of Aconite tincture and Chloroform, though she ought to have known better, because on a former occasion she had used Chloroform and did not get over its effects for three to four years.

Now she is in an agony of pain, shrieking. Dr. R., a former homœopath, had diagnosed it a severe attack of hysteria, and gave Asafoetida. He said she could have smeared Aconite tincture all over her body and it would not have affected her in the least, which the old gentleman doubted, for he had seen a little Aconite tincture put over the eyelid, making the person immediately blind. *Rx.* Aconit.-nap. 3cm, in water, a teaspoonful every half-hour.

She was easier after an hour, and slept through the afternoon.

12. Thomas H., an Irish nursling, six months. August 29th, 1854.—Suffers for the last two months from vomiting and diarrhœa, since eleven days much worse. In this hot and dry weather patient was emaciated to a skeleton. Hands and feet cold. Incessant vomiting of greenish water and the milk taken. Yellow watery diarrhœa. Abdomen hard. Shrill

crying. Convulsive movements of hands and feet. Sleep with half-open eyes. Boring the head into the pillow, hands reaching toward the back of the head. The child had convulsions two months ago, and has no tooth yet.

R<sub>x</sub>. Verat-a. 2400 (F.), one pellet at once to the child's tongue.

R<sub>x</sub>. Verat-a. 12 (F.), for the mother to be taken in half a tumbler of water, one teaspoonful every three hours.

August 31st.—The child is reported to be well. It did not get sick till next summer, when a slight attack was easily disposed of.

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### ADDITIONAL CLINICAL CASES.

B. FINCKE, M. D., BROOKLYN, N. Y.

Dr. Buchner, in München, retorted to an unbeliever in homœopathic potencies: "The ox does not believe either, and yet he is cured." As a counterpart to this historical homœopathic ox, the following cases show the unbelief of the homœopathic hen:

(1) A hen six years old, laying three to four eggs a week, began to lay eggs without the hard shell and ate them.

A dose of Calc. carb. 9c, would not remedy the evil in a week. But after another dose of Calc. carb. cm the hen laid a hard-shell egg the second day, and continued so ever since.

(2) When the hens get the chicken-cholera, about ten pellets of Veratrum alb. 9c, are dropped in their drink-water (three quarts), and in a few hours they are all right again.

(3) The hen sub 1 was at one time so constipated that we feared to lose her with her fruitless exertions. A dose of Nux-vom. 9c-relieved her within an hour.

(4) A silver-spangled Hamburg got frightened and ran around in a narrow circle. A dose of Bellad. 9c restored her before an hour was passed, and she continued well, and was a capital layer for four years more.

(5) Hens with croup have frequently been saved by a dose of Spong. tosta. 9c, often in an incredibly short time.

The dose was given in this way: The hen was captured, and

held by another person, the bill was opened with the left hand, and with the right hand a few pellets were poured from the bottle down the throat.

#### DISCUSSION.

Dr. Hastings—We have had for a number of years a very fine cat in our family. About five years ago it was reported that the cat was not eating anything at all. I found that somebody had clipped the smellers off close. The cat had refused to eat for three days, and had great signs of drooping. It occurred to me that these smellers were extremely sensitive, and probably supplied with nerves, and so I gave *Hypericum*, and in one hour she took her food.

Dr. Clark—I was asked to see a valuable English stallion that was troubled with roaring. He trotted about one hundred feet and came up with very loud breathing. I concluded to give him Sulphur, but after two weeks he was no better; but Brom.<sup>500</sup> cured him.

Dr. F. Powel—I have a patient who had a horse that had been over-driven. The urine was entirely suppressed, and the horse was in great agony. This condition is considered fatal. I decided that *Hyosciamus* was the remedy, and gave him four powders of the 200th. In six hours the urine came, and the horse recovered.

Dr. James—I have a mare that has always had very good health. I had made a stipulation at the stable that she was not to be treated or doctored with any medicine of any kind. About a year ago the horse did not come around to the office in the morning as usual, and soon after one of the stable hands came to say that the horse was very sick with colic. She had been taken about an hour before, and the stable hands had, contrary to orders, undertaken to treat her themselves with some quack stuff which they had. I found her lying on her back, groaning, in great agony, kicking her feet. When I spoke to her she scrambled to her feet, staggered toward me and fell down again. Her feet were all drawn together, all four feet together. This suggested the remedy *Colocynth*. I gave her some pellets. In

five minutes she stopped groaning, in ten minutes she lay quiet, and in fifteen minutes she got up. The stableman said: "Great Scott! that must be a powerful opiate." He wanted some of that medicine right away.

Dr. Dever—When I was in Michigan, a man who had a fancy for dogs came to me and said that a dog of his had a swollen throat and was frothing at the mouth. A few doses of medicine cured the dog as readily as if he had been a human being, every bit as easy. No imagination there; neither was faith necessary to the cure.

Dr. Fincke—It is just forty years ago since I was on the ship coming to America. The captain told me there was a fine Newfoundland dog on board who was suffering from constipation. I gave a dose of Aconite<sup>30</sup>, and it cured him.

Dr. Rushmore—I was told by a homœopathic veterinary surgeon that the best remedy for wind colic was Ammon-caust. in the 30th potency.

Dr. Taft—Last summer, before going to Richfield Springs, one of my patients asked me what he should do if his horse had the colic while I was away. I told him that while there was no specific for colic, I would do the best I could, and left him a bottle of Colocynth pellets. The horse did not have the colic at that time, but some time after I returned he did have it, and the Colocynth did not help. I was sent for and watched the animal for some time. I noticed that when a paroxysm of pain came the horse would rise and kick the stall viciously. I gave Nux-vom. and cured him very quickly. My own horse had the colic twice very severely. The stableman sent for me each time, and Colocynth did very rapid work. So much so that the stableman asked for a bottle of the medicine. I knew there must be something wrong with the horse to have colic twice in succession, and I remembered that for a few days before each attack, instead of walking up to the hitching-post, as usual, she would stand out in the middle of the road, and look and act for all the world like a stubborn child. I gave her Nux-vom., and she has never had a colic since.



Dr. Long—Has any one in the room ever cured a horse of blood or bone spavin?

Dr. Kimball—I cured one in my own mare. When the swelling appeared, the stableman blistered it without my knowledge, and the mare did not improve. I gave her Rhus, which helped, and afterward Phos-acid, which cured. The stableman was confident it was a bone spavin.

Dr. Farley—I have used Colchicum in overfed animals with disgust for food, and also Thuja, where the uncovered parts would sweat, both with success.

Dr. Taft—I had a case of a horse that was injured by a nail in the foot. The veterinary surgeon said it would die. I asked for the privilege of giving medicine, and gave it Ledum. A member of the family was taking lessons in Christian Science, and treated the horse at the same time. I do not know which of us deserves the credit, but the horse was cured.

Dr. Wesselhøft—I cured a mare of what is called poll evil. A veterinary told me that it was a disease which is never cured. I found a sore about three inches back of her ears discharging offensive pus. They told me I had better kill the horse. I didn't kill her but I did cure her. I put her into another stable with directions to give her a powder of Silicea<sup>200</sup>, about once in two weeks. I saw the mare again in six weeks. The men around the stable said, "This mare is getting well." I stopped the medicine and she was entirely well in three months. She died last year at the ripe age of thirty-three. The abscess made no change in the position of the head and there was only a small depressed cicatrix on the left side of her neck. The pus was very offensive.

Dr. Kent—There can be no disputing these cures on the horse, and nothing proves so satisfactorily the genuine action of the potencies as these results on the dumb, unthinking animals. There is a trouble with the horse that is not very infrequent. The farriers call it blind staggers. It seems to be a form of vertigo. When the horse which I treated warmed up a little, he would tremble and stagger and seem perfectly blind. I administered a dose of Sulphur, which relieved him for a time only. Another

dose was given him and it came back. The horse developed a quarter crack, which is a sign of defective nutrition. This led me to give a dose of Graphites, which cured both conditions. Not long ago I treated a horse for chills. The chill came on at irregular intervals, ranging from one to five in the afternoon. For these irregular chills I gave Arsenic<sup>sm</sup>. I had to let the horse have several chills before I ascertained that Arsenic was the remedy. Of course we are compelled to prescribe on very meagre information in these cases. I have seen during the last year a tumor as big as my fist drop off from a single dose of Thuja<sup>73m</sup>. It took about four weeks. Of course, as I am talking of horses, it was on a horse.

Dr. Kent—There is a symptom known as pointing in the horse. When the horse stops there seems to be some sort of soreness in the shoulder and the foot will be pointed outward. I have cured that condition a number of times with Ferrum when the left shoulder is the one affected.

Dr. Bell—Almost always horses coming from the country to Boston get a fever, with cough, profuse catarrh, and swelling of the glands in the neck. The remedy is Silicea; it cures them in almost every instance.

Dr. Jameson—I had a little experience in the animal line with a sick cow. She had just calved. She had high fever, eyes injected, respiration rapid, and abdomen distended. I gave her Bell.<sup>200</sup> every two hours. The owner came in the next morning and reported a change for the better about midnight, and in the morning she was quite well.

Dr. Baylies—Some months ago my horse was brought to the door with a loose shoe; in traveling tore it off, was lamed, and therefore confined to the stable five days. When I began to use him again I observed for a block a mincing gait of the hinder extremities; in a few minutes he was only able to walk and threatened to stop. I had great difficulty in getting him back to the stable, and sent for a veterinary. Before he arrived the horse was dragging himself about the stall in great agony, with the hind hoofs flexed; the region of the hips and sacrum was very much swollen, and this swelling and the paraplegia were

increasing with wonderful rapidity. He would lie down and raise himself often only upon the forefeet, then drop again. Untrained to study the symptoms of horses except in the most ordinary ailments, I could not attempt treatment. I suspected acute disease of the lumbo-sacral portion of the spinal cord; the veterinary called it azoturia and attributed it to continuance of the usual quantity of food, especially of oats, while confined to the stall; fever was high, the urine turbid and of dark brownish color, and strong ammoniacal odor. He gave him Aconite tincture every four hours, and an enema containing Aloes. The horse steadily improved and recovered after about four weeks in the stable (in a box stall) and nearly two months in pasture, and is himself again. The pathology of this disease appears not fully understood.

Dr. E. E. Case—I was unfortunate enough to have five cases of scarlatina in my house. To destroy the bedding, I put it in a wagon, took it away from the house, and burned it. About nine days later the horse was taken sick with all the symptoms of scarlet fever. During her sickness the hair came off and the cuticle peeled as in the desquamation of scarlatina. Veterinary surgeons declare that horses do not have scarlet fever because they do not find the bacillus of that disease.

Dr. James—The horse of a patient of mine, who was a strong homœopath, as far as himself and wife went, was put in the hands of a veterinary. The horse was sick from a cold taken while driving, or rather from standing after driving. He called in a veterinary. He sent for a prominent veterinary physician, who said that as a horse was ten times heavier than a man he required ten times as much medicine. He accordingly gave him two hundred and fifty grains of Quinine, and at the third dose the horse fell dead in the stall.

Dr. Sawyer—Somebody asked whether there had been any cures of spavin. There have been several cures to my knowledge. A man whose wife I was treating for cancer of mammae told me he thought Homœopathy was nothing but faith cure.

I noticed that his horse had some ugly fistulous openings, and asked him if he thought his horse had much faith, and



told him I could cure his horse of those fistulous openings. I gave three powders of Silicea, and they got well. His wife also recovered.

Dr. J. H. Allen—We have a number of large horse farms in Indiana, where they raise blooded stock, the majority of the farmers treat them with homœopathic specifics and seldom lose a horse from sickness.

Dr. W. L. Morgan—About four years ago the stableman came after me, early in the morning, saying my horse was very sick. I found the horse's head stuck out straight and under the jaws and forelegs swollen so that he could not get his head to the ground. On inquiry I found that a horse in the same stable was having pinkeye and was under a veterinary. I gave Bell,<sup>200</sup> on the horse's tongue and put him in a box stall. In the evening I went to the stable again and I saw the horse was beginning to want to eat. We gave him a little green grass and he ate. In two days he was in condition to use.

Dr. Rushmore—A valuable cow in some way got loose in the stable, and thus had access to the ground feed barrel. When my attention was called to her she was lying prostrate on the ground. Eyes dull, tongue stretched out of her mouth and cold. I placed a few pellets of Carbo-veg.<sup>200</sup> on her tongue and she got well rapidly. I would not have risked a dollar on her chances of recovery.

Dr. Kent—I have just one dog story. This dog had become too much interested in a cow that was going through the process of labor. The dog persisted in his attention until the cow turned on him and hooked him through the hind leg. It was a punctured wound and stiffness followed its healing, so he was no longer able to pose as a ten-thousand-dollar dog. It seemed to be chronic stiffness and induration. I sent a dose of Ledum which restored him to usefulness and to his proper place as a prize dog.



## A CASE CURED WITH ARGENTUM NITRICUM.

W. P. WESSELHOEFT, M. D., BOSTON, MASS.

G. H. B., æt. forty-three, dark blonde, has always enjoyed good health till May 30th, 1890.

On this day a small boil appeared on lower portion of left calf. This very rapidly increasing in size, assuming a dark, almost black color. In about three weeks a large slough was thrown off, the size of the palm of a hand. Nearly at the same time a large vesicle or bulla appeared on the left cheek, which went through a similar process as the one on the calf. Both places have red cicatrices with some loss of tissue. During this time he was treated by one of our most prominent dermatologists, mainly with external applications of Zinc.

The process of healing of both sores occupied about two months.

Immediately after the healing of these ulcers a prickling sensation commenced in the ball of right foot and in the finger ends of both hands. For this a mixture of Strychnia and Phosph.-acid, from a celebrity in Philadelphia, was prescribed.

Nevertheless, the prickling and numbness rapidly increased; his gait became unwieldy and clumsy, with increasing difficulty of raising his feet.

On September 4th, 1890, he applied to me, when the following symptoms were recorded:

Numbness of both hands, especially of fingers, so that he finds it impossible to button his clothing. The grip of hands is weak, and rapidly growing more so. Finds great difficulty in writing on account of clumsiness of hand. Drops things frequently which he has grasped.

Numbness of feet and legs extending to thighs. Left leg worse. This numbness has gradually crept upward for two months. Difficulty of raising feet from ground. Has no patellar reflex.

After walking one-eighth of a mile legs give out from under him. He drags his heels while walking. Difficulty of balanc-

ing himself. Walks with feet wide apart. Much worse with eyes closed, and is helpless in the dark. Toes of right foot drawn spasmodically downward, drawing contraction in both calves.

Sleep, appetite, stools are normal.

Has old protruding (external) piles for twenty years, which give him no inconvenience, except when irritated by walking in warm weather.

Is a bachelor, who has led a pure and temperate life, and accustomed to athletic exercises.

On the 4th of September, 1890, gave him two doses of Argent-nitr.<sup>cm</sup>, one to be taken in the morning and the other at night.

On the 18th of September reported increased contraction in calves and much more numbness during the first week. During the last week his feet better; less numbness of fingers, and calves less contracted.

On this day I met his former physician, the dermatologist, and told him the main features of the case. He said that he could now account for the peculiar gangrenous ulcers, these being due to a serious lesion of the spine.

September 25th.—Reports marked improvement in sense of touch. He writes more easily and his gait has improved. He now complains of a sense of weakness and pain in lower lumbar region.

Improvement continued till October 30th. Reports more weakness and pain in back. The numb sensation in limbs has steadily improved, but for the last week has noticed no change. He now received a dose of Argent-nitr.<sup>dm</sup>.

Steady and great improvement followed till

December 5th.—Reports more pain and weakness in lower lumbar region. Numbness of upper and lower extremities has disappeared, with the exception of a slight feeling in the tip of the right toe. Argent-nitr.<sup>cm</sup>, one dose.

Continued improvement followed, and he was discharged well on the 11th of May, 1891. He has remained so, with constant attention to arduous duties devolving upon a president of one

of our largest insurance companies, and I have had no occasion to prescribe for him since.

What would have become of this poor fellow under the treatment of his previous medical advisers?

## CLINICAL CASES.

JENNIE MEDLEY, M. D., PHILADELPHIA, PA.

CASE I.—Mrs. L., æt. sixty-two. This patient for two years past had been suffering with uterine hemorrhages. When she did not have a discharge of blood, had a constant discharge of greenish or yellowish offensive water, with an occasional cheesy lump. She had borne nine children, had ceased menstruating about her fifty-fifth year—but, within last two years flow has returned. For the last six months her health is failing; is naturally very active, but finds her strength rapidly giving way.

Symptoms.—Great heaviness in the lower extremities; tired all over; it is a great effort to go up-stairs; very low spirited; grieved because she could not do her housework; bowels constipated—must strain until weak before the bowels moved. Appetite poor; there were the burning, sticking pains through the cervix; on examination found left side of the cervix partially destroyed. Tried the speculum, but at all times the discharge of blood was so great that I could see nothing. Digital examination, however, revealed the condition. On the above symptoms she received a dose of Sil.<sup>72m</sup>. In about a month she was in wonderfully better spirits, was very much stronger, and the offensive odor of the discharge had entirely disappeared. From a repetition of the 72m to the millionth within a year, of which she received two doses each, she suffered very little pain, the case apparently being at a standstill. Her principal suffering during this time was great mental depression. Until the end of six months after she received the last dose of Sil.<sup>m</sup> her symptoms remained the same; at the close of six months she begun to have dyspnœa; couldn't sleep in a room where the least heat had been admitted—must have windows open in addi-

tion to being in a cold room. She was still kept on S-I.; this state of affairs was permitted to go on for some days. Finally, was sent for in a great hurry; arrived at the house and learned that first one and then another member of the family had been taking their turn at fanning her all night. When they ceased to fan she gasped for breath; this with the fan-like motion of the *alæ nasi* led to a prescription of Carbo-veg.<sup>cm</sup> which in fifteen minutes relieved her; after six doses of Carbo-veg. at such intervals as were made necessary by the return of uncomfortable symptoms, the CM proved no longer palliative, a dose of the millionth of the same remedy was given. This relieved promptly. At the close of three weeks the symptoms had changed, the burning returned violently. Carbo-veg.<sup>m</sup> was again given without effect. In addition to the burning she had thirst, little and often; great restlessness; was thirsty, but a small quantity satisfied, and was followed by great distress in the stomach. Ars.<sup>90m</sup> was then given. I felt so sure that it would help that I left, thinking in a short time all would be well. The Ars. was administered at 1 P. M. Sunday, the next morning, at nine o'clock, I was sent for. She had passed the night in agony, and begged for Morphine. I went home, looked over the case, and sent her again a dose of the 72m of Silicea. It acted like magic. She fell asleep in one hour, and from that time on she had to be shaken up, to arouse her sufficiently to take nourishment. She had no pain and only complained of being so tired and sleepy. For twenty-four hours before she died she lay dead asleep, and died without pain. Her son, who is not a strict homœopath, could scarcely believe that one could die with such a disease with so little pain. The absence of odor also surprised him very much.

CASE II.—Mrs. W., æt. thirty-two, mother of four children, three months advanced in pregnancy. From the beginning of her pregnant condition had suffered with constipation, would be worn out after a stool, she was obliged to go to bed; during the three months of pregnancy didn't have what she would call a good movement. At last she took la grippe which Rhus-t., the 1m, helped in twenty-four hours. She felt so well that she was



going to get up, when suddenly she was taken with a hemorrhage, not violent, but very steady; the blood was bright red with dark clots. She had no pain, but terrific nausea. She had been in this condition two hours when I arrived. I immediately gave her a dose of Ipecac., but it neither brought on pains nor stopped the hemorrhage, so all to be done was to wait. The hemorrhage continued and still symptoms did not change. After several hours of watching and waiting she became weak, a profuse cold sweat covered her body, wanted to make her will immediately, would not be persuaded not to. Acon.<sup>2c</sup> was given in a broken dose, three teaspoonfuls of water every fifteen minutes; pains come on and the fetus and all, which was of five weeks' development at most, was expelled. She was now exceedingly weak and immediately after delivery I gave a dose of Sal.<sup>cm</sup>. After several hours she became violently thirsty. She dropped to sleep and in a few minutes woke up with violent pain in the heart. This made me think of Lach., but felt I would be sure of it. I then waited until she fell asleep again. She awoke in the same manner. I then gave her Lach. This relieved her. After taking the Lach. she again slept, but it was only for a very short time, and the pain was still quite severe but less sharp. Two of my brother physicians suggested remedies: one suggested Sepia and the other Pyrogen. Having given Sepia myself in the beginning for the constipation, I knew it would be of no avail now, and I felt certain that Pyrogen would be the remedy to pull her through if it were possible. Accordingly, after watching the temperature gradually rise to  $101\frac{1}{2}^{\circ}$ , eight hours after the Lach. I gave Pyrogen<sup>50m</sup>; that was about 2 P. M. At 5 P. M. she urinated naturally. One hour later she had a large stool, the first hard lump was removed with the fingers, she was too weak to strain it away. Two hours later she had another soft stool without the least trouble. When the examination was first made at the beginning of the abortion the rectum was piled full of hard stool. These two symptoms encouraged me very much; the Pyrogen wore out every seven hours, which was also the experience of the physician who suggested it. After several doses of the 50m had been given the cm was given the

patient. In four days the patient was completely out of danger and in three weeks was sitting up. In exactly four weeks after the abortion menstruation came on with a hemorrhage at twelve o'clock at night. She lost about a quart and a half of blood; this was also full of dark clots. The same physician who suggested the Pyrogen now gave Ipecac. I called several hours after, but the hemorrhage still continued. I gave Pyrogen, which stopped the hemorrhage and the patient made a good recovery. After the first six hours during the abortion I censured myself for not using mechanical measures, but now I am satisfied, as I feel quite sure I would have had a post-partum hemorrhage that I could not manage, being ignorant of how closely Pyrogen resembled Ipecac. in that respect. I also feel satisfied that the patient would have died had she not received Pyrogen, as the only case of septicemia I have ever lost was one which presented just such symptoms.

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The following committee was appointed upon the subject of Vaccination to report at the next meeting :

Drs. Close, Custis, and A. G. Allan.

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## MELANCHOLIA.

C. C. HOWARD, M. D., NEW YORK, N. Y.

CASE I.—Mrs. B——, æt. thirty-nine; dark hair, dark eyes, swarthy complexion; quick tempered, overbearing, proud; always enjoyed good health. Was suddenly seized with an irresistible desire, while sitting in the dentist's chair, to strike the dentist in the genital organs. This inclination became so strong that she excused herself and went home. It caused her much anxiety. She was afraid of some mental disturbance. She cried a good deal, became very restless. In about two weeks she went back to the dentist, having had no like impulse in the meantime. Was scarcely seated when the same irresistible impulse returned. It grew upon her so rapidly in the next

ten days that every male she met, even her husband, her own sons, affected her the same way.

Her suffering became unbearable. About six o'clock every evening there would be a violent aggravation, lasting until bedtime, when she would generally fall asleep. During the aggravation she would walk the floor, wring her hands, and cry in the most pitiable manner. Or she would sit on the side of her bed, and sway herself backward and forward. Her countenance expressed the most abject suffering. She was sure she was not curable; she was becoming deranged, and wanted her children sent away so they would not see her.

She menstruated very profusely every three weeks; large, dark clots, with soreness of the vulva.

She did not apply to me for a month after the first manifestation.

Her haughty manner, swarthy complexion, the great mental anxiety, the wringing of the hands, and the swaying of the body, the sexual thoughts, together with the menstrual irregularities, led me to the selection of Platina, of which I gave her one dose of the 50mm.

She gradually improved for the next six weeks, menstruating at the twenty-eight-day period, everything being perfectly normal, when there was a sudden and violent return of the mental condition.

The relapse was accompanied by a quite marked disturbance of the stomach. As soon as the stomach was empty, she suffered from a gnawing hunger and griping pain, relieved by eating, but the eating caused an oppression.

While talking to her she received some flowers sent by a friend, and exclaimed, "How very kind, but take them out of the room, the odor is unbearable!" This symptom, with the condition of the stomach, relief from eating, and the mental restlessness, made me think of Graphites, of which I gave her one dose of the CM potency.

Now there was no change in her condition for twenty-one days, and, then, after a severe aggravation on the twenty-first night, she awakened completely relieved of all her symptoms.



In three months she became pregnant, and was well during the period of gestation, and gave birth to a healthy child.

About two months after labor a fear gradually came over her that she might do harm to her baby! This gave her so much anxiety that she would not be left alone with the infant. She was restless, melancholy, and tearful. There was a return of the stomach symptoms, and the same aggravation from the odor of flowers. She received another dose of Graphites, this time dissolved in twelve teaspoonfuls of water. She improved immediately, and has had no return up the present time—more than six months.

CASE II.—Mrs. S—, æt. thirty-seven, mild, gentle disposition, easily worried, light complexion. Great tendency to grow fat; perspires on the slightest exertion and at night during her sleep. Last August had a very difficult labor, in which she sustained a severe laceration of the cervix, and a slight one of the perineum, which left her in a melancholy condition.

She was doubtful as to a future state; feared she was losing her reason, and that others would observe her confusion of mind. Loss of memory; dreaded seeing people—and left the room, if possible, when any one called. Very melancholy, depressed, and tearful. Continually worried over imaginary evils that might befall her family.

There was great difficulty in walking; the legs were stiff, gait tottering, knees would give out in walking, and she would fall unless support was near. There was dull, heavy, aching pain at the base of brain extending down the spine. Calc-carb.<sup>em</sup>, one dose. She began to improve in about ten days, and there was a complete restoration to health in two months.

#### TABES DORSALIS.

CASE III.—Mr. A., æt. sixty-two, hard-working businessman of temperate habits, but never took any exercise. Had been sick for two years before consulting me, having had all sorts of allopathic abominations, even to the *hot iron*.

Presented the following conditions:—Inability to walk without looking at his feet—would stagger and fall in the dark, or



on lifting his eyes from the ground. Walked with his feet far apart. Sensation as if walking on balls. Paroxysms of pain in thighs, legs, and feet; heavy, dull ache at times, and again sharp and lancinating. The paroxysms would last two or three days, and come about every week. They were worse in damp weather. There was a sensation in the feet as if being squeezed in a vise. This was particularly felt in the big toe of the left foot.

His appetite and digestion were good, although he had to be very cautious—eating to satiety would aggravate the pains. Craving for clean white rags. His bowels were very much constipated, and would only move when there was a large accumulation and with much straining. The feces were covered with mucus and streaked with blood. I gave one dose of Alumina<sup>49m</sup>. Although I watched the case very carefully I could not see the slightest improvement for over nine weeks.

Then the bowels began to move more regularly and the stools assumed a more healthy appearance. Week by week the pains grew less and he walked with greater ease.

He gradually became able to walk in the dark, and after six months was practically well, and has remained so, up to the present time, about two years and a half after beginning treatment.

### ADVICE WANTED.

EDITOR OF THE HOMOEOPATHIC PHYSICIAN:—Permit me, through the pages of your Journal, to ask the profession for a remedy to relieve the following group of symptoms:

Patient is thirty-five years old. Spare figure; irritable, fiery disposition. Easily discouraged; continually changing from one subject to another. Cannot complete one task before desiring to change to another one. Is never at rest. Always has something oppressing the mind. Cannot sit down either day or night to read or study without falling to sleep. When wakened feels very irritable and cross. Sleeps soundly at night. Rarely awakens before four or five o'clock in the morning. There are no other symptoms of importance, except a corn upon the right

small toe, which burns and stings at times. When in the open air in cold weather a continual discharge from the nose of a watery, yellowish or green character.

It does not occur in a warm room.

W. E. EVERLY.

## THE "CORRECTION" OF PROF. DR. G. JAEGER, FROM THE HAHNEMANNIAN STANDPOINT.

In the *Allg. hom. Zeitung*, vol. 125, p. 157.

B. FINCKE, M. D., BROOKLYN, N. Y.

The premise "a medicine is *matter* and *dead matter* at that," cannot be admitted from the Hahnemannian standpoint. A medicine is a force which acts upon the living body, sickening or healing. The circumstance that this force is bound up in a substance which, in combination with another substance, shows physical and chemical action, does not render matter a medicine. Just as the physical and chemical force is bound up in the substance which serves as a vehicle for it, just so the medicinal force is bound up in matter. Therefore, in our case, not a theory of the action of matter is in question, but a theory of the force which, being bound up in matter, becomes liberated by potentiation and transferred upon inert substances as further vehicles in order to serve as medicine to the healing art. Consequently a theory of the action of the medicinal force must be conceived to be dynamical. The idea that it is the matter which occasions the physical and chemical phenomena is an emanation of the doctrine of Materialism which makes matter appear dead at the very time when in these phenomena it shows itself to be very much alive. The dynamism lies at the bottom of these phenomena just as well as of those observed of medicines in living beings. This conception suffers no change by conceding that also "non-materialistic processes take place in living beings," for with this admittance the whole correction is demolished. For, if it is proved that medicines are non-materialistic potencies, where is, then, the explanation of the theory according to materialistic conception? Indeed one thing is "completely un-

contended that nobody ever thought of potentiating the spirit by succussion with spirit of wine, but that has always been done with material substances." From this, however, it does not follow at all that the changes which matter undergoes are to be explained materialistically. These changes relate entirely to the problem of liberating the medicinal force from its union with the substance, by transferring it from this upon other and inert vehicles. The late neuro-analytical experiments prove, beyond a doubt, that the changes of matter which take place in the process of potentiation are not essential for potentiation itself. If the theory is supported materialistically by the molecular theory, it, at the same time, depends dynamically upon the "motor-energy of matter" spoken of in Dr. Jaeger's explanation given in his late work. Where is to be found in a one-thousandth centesimal attenuation—better potency because it is not an attenuation—the originally applied substance which, in its highest attenuation at best does not reach beyond the twelfth centesimal potency? Crookes' radiant energy does not go beyond the third centesimal, and the computation of atoms by Thompson likewise stays far behind even a twelfth centesimal potency. Furthermore, the molecular theory in its premises contradicts the laws of motion and, already for this reason, cannot furnish an explanation for potentiation.

No! We do not shake the spirit with spirit of wine as those do who, too much, enjoy the spirituous beverage, but we do shake the substance with alcohol in order to draw from it and transfer upon the inert vehicles used in potentiation that which is able to change the state of the living being into health or disease. Therefore, only the standpoint is concerned from which potentiation, being placed beyond doubt by practical experience and lately by Jaeger's Neural Analysis, is to be considered and explained. The concluding sentence in the correction is, therefore, quite correct: that "an explanation of the changes which matter undergoes in potentiation cannot by any means be otherwise than materialistic. For if it is not, then it is nothing," viz., the explanation. And such is, indeed, the case, after what has been said before. Here we have nothing to do with the



spirit, to which we appoint a higher place than to a simple medicinal force, but with the medicinal force which by Nature has been assigned to matter and transferable upon other matter; this, and this alone, comes here in question. The neuro-analytician who proves the positive action of even only a one-thousandth centesimal potency (the practical experience already goes into the millions), must search for a deeper foundation of an explanation of potentiation than the almighty property of matter. Potentiation teaches us that no force can exist without matter, but it also teaches that this force can be transferred from one substance as its vehicle to another substance as vehicle, and this is in perfect accordance with the teaching of physics as the doctrine of force and matter. As the motor-force is transferred from the burning matter upon the heated water and from this upon the engine in the natural potentiation of generation of steam, so also the medicine-force is on the homœopathic method by distribution to large masses of inert vehicle transferred upon these in order now to serve as remedy. The Mechanical Theory is already accepted by science at large, why, then, should it not find its application in the healing science and art?

Honor and thanks, however, to the scientific pioneer, Professor Dr. G. Jaeger, who, though not a homœopathic physician himself, yet must be acknowledged with joy as one of our own, since, with characteristic intrepidity, leaning upon his new neuro-analytical proofs by numbers, he has supported the Hahnemannian doctrine by the following expressions:

1. "My neuro-analytical discovery is nothing else but what Hahnemann has taught."

2. "The only right way after all is that one takes the matter in hand himself and tries it, and that upon himself."

3. "The homœopathic potencies are not nothings, but, indeed, as Hahnemann has perfectly recognized, not weakenings of the efficaciousness, but an augmentation, therefore, a veritable potentiation."

4. "*The main pillar upon which Homœopathy rests, is the Principle of Potentiation: with it it stands, without it it falls.*"



## CASES CURED.

BY DR. DAHLKE, BERLIN, GERMANY.

(From the *Zeitschrift des Berlin Vereines hom. Aerzte.*)

Translated by A. McNeil, M. D., San Francisco.

A pale, thin man in the forties, complains of attacks of vertigo, which are sometimes accompanied by vomiting. He has, also, a confused feeling of fullness in the head and great bodily weakness. Gelsem.<sup>2</sup>, three globules three times a day.

After eight days the same condition. A second examination shows that the attacks of vertigo come more frequently in the open air, and in the very moment of lying down, if his pillow is low, consequently he must lie with his head high.

Sepia<sup>9</sup>, three globules, one a day, was followed by immediate improvement and cure. The Sepia symptom "vertigo, only when walking in the open air" is well known. A symptom of vertigo, when lying down, does not exist to my knowledge (in Sepia). Symptom 99 of Hahnemann's proving, is "staggering vertigo every afternoon, from four to six, when sitting and walking." Apis has vertigo worse when sitting, very severe when lying, and closing the eyes. Lachesis has vertigo worse when sitting, and vertigo on sitting. It has cured vertigo on closing the eyes, and vertigo after lying down (Hering, *Werkungen des Schlangengiftes*). According to Farrington, Theridion, and perhaps Moschus also, have the same symptom.

A man of forty-nine, subject to temporary attacks of gout, consulted me December 23d, for the following complaints: A headache begins every morning about eight o'clock, in the middle of the forehead, which reaches its maximum between ten and eleven A. M., and then decreases till evening, when it disappears entirely. It is accompanied by great irritability, sensitiveness of the skin of the forehead, and of the ridge of the nose to pressure; feeling of dryness in the nose.

Natrum-mur.<sup>11</sup>, three globules night and morning.

On the next day the pain was almost entirely gone, and did not return as long as he was under my treatment—*i. e.*, till January 22d.

I gave Natrum-mur. in the first place on account of the time of the pains. They began in the morning, increased till toward noon, and then gradually decreased. With Spigelia, as is well known, the headache follows the sun. Farrington also mentions Gelsemium and Glonoinum as having this symptom. However, it appears as if with the two latter remedies that it is the intensity of the heat of the sun which causes the headache. Glon. is a chief remedy for heat-stroke, and Gelsemium is particularly indicated in complaints which arise after hot, damp weather. Kali-bichrom. and Verbaseum have pains with the same typical course. The time of aggravation—between ten and eleven A. M.—is characteristic of Natrum-mur. It has an intermittent fever, with chill, at this time. There is hardly a time of aggravation excepting the general ones of morning, evening, and night, so frequent in our *materia medica*, as this of from ten to eleven A. M. Sulphur is the best known of them. Some of the others are Argentum-nit., Arsenicum, Iodium, Ipecac., Natrum-carb., Phosphorous, Stannum, and Zinc. What decided my choice for Natrum-mur. was the feeling of dryness in the nose. Salt has this sensation in different mucous membranes. The typical Natrum-mur. headache is accompanied by dryness of the mouth. If I am not mistaken greatly, I have read a proving of Crotalus containing this symptom: "Headache, with dry mouth and cold feet." [Neither the *Guiding Symptoms* nor Allen's *Encyclopaedia* has it—Traus.] Natrum-mur. has the tongue feels dry, but is not (to touch). Argent-nit. has it also. For many complaints with exterior dryness of the mouth, Nux-moschata is suitable. A very extensive feeling of dryness belongs to all the carbon preparations. One patient had, besides, a remarkable coldness of the hands, which was formerly worse than now, but still necessitated his wearing gloves at night during sleep. This is incidentally a Natrum-mur. symptom, which I had not discovered at the time I prescribed for his headache. I have found the same symptoms in Petroleum. I therefore add to the Natrum-mur. symptoms, "Headache with dryness of the mouth."

We endeavor in selecting the remedy to discover a drug which has symptoms that agree the closest with the morbid picture.

A medicine is so much the better indicated for a certain case of disease if there are the greatest possible number of symptoms in common. That is the general rule. Now it too often happens to all of us that a remedy does not help notwithstanding the greatest possible agreement of the symptoms. One often accounts for that by speaking of it as a mere covering of symptoms, and so the failure is attributed to a superficial way of prescribing. At all events, we cannot succeed in curing by the number and quantity of the symptoms alone in common of the case and the drug. It therefore follows that we must discriminate in the quality of the symptoms. This has led to the principle of "guiding symptoms." It is of great importance. The guiding symptom is, as it were, a guide-post, certainly it is one on which several terminal points are mentioned.

It is also true that there are other aids to simplify and make more accurate the choice of the remedy. One of these is ætiology, the value of which Helbig successfully demonstrated. Strictly speaking, when we utilize this in prescribing, we go beyond the fundamental principles of Homœopathy if not those of Hahnemann. [The Doctor is in error, for see the *Materia Medica Pura*, how he prescribed Aconite for the bad effects of fear and fright, China for excessive loss of fluids, Ignatia for the results of chagrin, etc.—Trans.] One might say that Hahnemann on this point was not homœopathic enough. In the meantime, when a thousand-fold experience has demonstrated an inner relationship between certain remedies and certain causes of disease, and moreover, as Helbig has clearly shown that aggravations and ameliorations of certain complaints by motion, rest, time of day, touch, and the like are nothing else than causes of disease, so that an ætiological point of view is indispensable. Considering these very convincing grounds, there are but few indeed, whether or not believers in the psoric theory, who will deny that ætiology is a constituent part of Homœopathy.

In reference to these "guiding symptoms," theoretically all symptoms have an equal value. If we discriminate we find that those symptoms that are more accessible and which we can



expect to discover most frequently at the bedside should be preferred. It is not exactly, but approximately true to say that we succeed in the opposite way in discovering the guiding symptoms of a remedy. They are for the most part rare symptoms which have something striking about them and are therefore usually easily recognized. Sometimes it is a single symptom such as a "cold feeling in the heart," "heaviness in the rectum," "intermittent pulse," "splitting pains," etc. Sometimes it is symptoms standing in a certain intimate connection—symptom-combinations which, if I may be permitted to use the comparison, differ from the multitude of symptoms occurring together as a chemical compound does from a mere mixture. For example, there are the three characteristic symptoms of Sulphur: Heat in the head, cold feet, and the hungry feeling at eleven A. M. Such symptom-combinations have, in my opinion, a high value in selecting the remedy, and cannot be outweighed by any number of other symptoms which accidentally stand together. A single symptom is like a point. In one point an infinite number of mathematical figures may fall together without otherwise coinciding. Two points united together form a line and assume a definite direction. Finally three or more united together constitute an inclosed figure. I pray you not to confound this with Hering's three points, which are elaborated in his final remarks on *Kalmia*.

I find it difficult to tell all I have to say on the subject and to make everything clear. I therefore again take refuge in a comparison. In chemistry there are substances which are identical or almost so in their formula and are not all alike in their nature or composition. As the relationship between two substances rests not alone on the presence of like elements and quantities, but on the grouping, structure, and inner composition of the individual parts, so is the relationship between the morbid and the medicinal picture.

My idea is not that the nature of such combinations of symptoms demand that the very same symptoms should occur in the case in point and the remedy but that an inner relationship should exist between them, a direct depending of the one upon



the other, that one should be conditioned upon the remaining ones and they upon that one.

I have found an excellent expression in Darwin for this inner relationship between phenomena, and the regular sequence of their occurring with each other or in succession to each other. He calls it the principle of correlation, and mentions as one example, among others, the coincidence of a strong muscular development and strongly projecting supra-orbital protuberances. I must again expose myself to the danger of being reproached with being unscientific by quoting Cervantes. When Don Quixote heard of the mole on Dulcinea's right cheek, he said, "Judging by this mole, as there is a relationship between the face and the other parts of the body, Dulcinea must have a mole on the fleshy part of her thigh of that side on which the mole on her face lies."

The correlative symptoms, as we may now call them, exist either in the same locality or follow each other in succession.

As far as I know, Hering was the first one who devoted attention to this succession of symptoms in order of time. He was led to do so, as he states, by the peculiar form of the Sabadilla headache. Records of cases are at every one's command whose characteristic symptoms depend more on time than on space. It is clear that the law of the *similia* gains thereby greater depths. We go, if I may so express it, from the plane trigonometrical treatment of the symptom-complex to the stereometrical; from the superficial to the cubical measurement.

Necessarily by so doing the difficulty of selecting the remedy increases, but just as necessarily its certainty becomes greater. Every progress must be obtained by a corresponding amount of labor. Both stand in an unchangeable relationship to each other. Lawrence Sterne's northwest passage in the intellectual world does not exist. On the contrary, all the pains taken for any subject will reappear in some form. The law of the correlation of forces redounds to our benefit.

## NOTES AND NOTICES.

DR. M. D. SATTERLEE has removed from Hartstown, Penna., to 1233 Lexington Avenue, Cleveland, Ohio.

CORRECTION.—In the January number, at page 19, line twenty-two from the top for S. L., read Syphilinum<sup>mm</sup>.

IN ADDITION TO ITS POPULARITY as an infant food, MALTED MILK is now acknowledged to be one of the best diets for Typhoid Fever and many other wasting diseases that has yet been produced. It is the ideal milk diet—very palatable and easily assimilated; more nutritious than beef extracts and superior to raw milk, as it will not form into large hard curds in the stomach. This important feature is obtained by partial digestion of the milk albumen by plant pepsin. Physicians appreciate the vital importance of diet in Typhoid Fever and other cases should give it a trial.

Samples supplied by the manufacturers, MALTED MILK CO., Racine, Wis.

DURING THE COLD WEATHER physicians, and especially country physicians, will find it very convenient to have a package of Horlick's Malted Milk at home, so that they can make themselves a warm and nourishing drink at a moment's notice when called out for a long drive or to use as a lunch at other times when there is no opportunity of enjoying a full meal. It is not a stimulant but supplies warm and concentrated nutrition in an easily assimilable form. The Malted Milk Company offer trial packages for this purpose on application.

### ANNOUNCEMENT.

E. B. TREAT, publisher, New York, has in press for early publication, the 1893 INTERNATIONAL MEDICAL ANNUAL; being the Eleventh yearly issue of this extremely useful work.

A glance at the prospectus gives promises that the 1893 issue will be better than any of its predecessors.

There are thirty-eight distinguished specialists on its corps of editors, carefully selected from among the most eminent Physicians and Surgeons of America, England, and the Continent.

It arranges, in a practical way for ready reference, what is worth preserving of the year's medical literature, together with a number of important papers specially written; and will contain over 6,000 references to diseases and their remedies; many illustrations in black and colors being used where helpful in explaining the text.

The service rendered by this work, giving the year's progress in Medicine and Surgery so conveniently and at so low a price (\$2.75), cannot be overestimated.

Altogether it makes a most desirable, if not an absolutely necessary, investment for the practitioner.

PEROXIDE OF HYDROGEN.—Mr. Charles Marchand, proprietor of Mar-

chand's Peroxide of Hydrogen, has issued an open letter to Dr. Jacobi of New York, who has been attacking the Peroxide preparation, and classing the proprietor among "quacks and patent-medicine venders." Dr. Jacobi intimates that it is possible to do harm with peroxide of hydrogen, and that it may even cause diphtheria. If this latter assertion be true, then it must often radically cure cases of diphtheria by reason of its being the simillimum. Thus Dr. Jacobi's assertion would constitute a good argument to homeopaths for its use in such cases and its careful proving by our school.

THE MIDWAY SANITARIUM for Consumptives has lately been started at Larned, Kansas, by a homeopathic physician, Dr. G. J. Waggoner. It is situated, as its name denotes, midway between the mountains and the low lands, at an altitude of three thousand feet above the sea. Here people afflicted with consumption and other lung troubles can go for change of climate and at the same time be subjected to homeopathic treatment.

Send for a circular to Dr. G. J. Waggoner, Midway Sanitarium, Larned, Pawnee County, Kansas.

#### THE YALE CHAIR.

St. Louis, Mo., July 26th, 1891.

I now am the owner of a Yale Chair, and I do not see how there could be anything more perfect than it is. I will be glad to recommend the Yale to any one that stands in need of a chair.

H. L. HENDERSON, M. D.

CHILDHOOD.—Mothers and teachers are talked to pretty often upon the subject of their duties, while fathers escape sermonizing. But Mrs. Kate Tannatt Woods has her eye upon these busy lords of creation, whose place as parent is a sinecure, and she addresses some pertinent suggestions to them in the December number of *Childhood*. They will have to take her womanly scolding in good part, for how can they deny such a remark, as, for instance, the following: "A woman who really loves her husband and children, finds all service for them a pleasure, and is frequently inclined to foster selfishness in men and boys. The masculine portion of humanity, after long years of petting and continuous ministration from women, have reached a point where receiving is more natural than giving."

THE SCIENTIFIC AMERICAN, published by Munn & Co., New York, presents weekly to its readers the best and most reliable record of various improvements in machinery, while the scientific progress of the country can in no way be gleaned so well as by the regular perusal of its pages.

"THE NEW YORK WORLD'S" GREATEST YEAR.—The year just closed was the most prosperous in the history of *The World*. The total circulation for the year was 139,262,685. The increase over the total circulation in 1891 was 23,724,860, an average gain of 63,953 per day. This gain alone in the average circulation per day, during the year, exceeds the circulation per day of a majority of the newspapers in New York. The average circulation per day of *The World* for the year was 380,499—a figure unapproached by any other newspaper printed in the English language.

THE  
HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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“If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine.”—CONSTANTINE HERING.

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Vol. XIII.

MARCH, 1893.

No. 3.

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EDITORIAL.

THE PROCEEDINGS OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION have now been presented to our readers in such detail that only a small part remains unpublished. A fair idea is therefore obtainable by those who diligently peruse these pages of the exceedingly interesting and valuable character of these meetings. Perhaps one of the most profitable of the discussions was that relating to the treatment of animals which appeared in the February number.

These creatures not gifted with imagination cannot be accused of being influenced toward recovery by any subtle mental impressions. They therefore conspicuously illustrate the effect of administering the simillimum and realizing a true cure.

This point so constantly urged, alike by editors and contributors, in the pages of this journal, is as constantly forgotten or ignored by the majority of the practitioners claiming to belong to our school. Yet it is the one thing that will make the new school a success, and give its votaries that power and influence which they so much covet, and which most of them are so far from attaining.

By their fruits shall they be known. The ability to cure means power, and that attribute is respected by all mankind.

Our materia medica, though defective, yet contains a golden wealth of “indications” for the happy control of the most de-



plorable "sick conditions." To avail ourselves of this wealth we must lay aside all preconceived notions, all prejudices and partialities, and diligently study the pathogenetic records, and seek to find in them a close similar to the case of sickness which we strive to cure.

But this advice is not followed by very many of our faith.

Prominent men there are among us who reject our *materia medica*, and in their zeal to correct its defects seek to tear it up by the roots. They fill the journals with denunciations of its imperfections; they propose that the gigantic task of constructing a reliable *materia medica* shall be begun all over again, and even offer a scheme of revised *materia medica* which so confuses the student that it is not wonderful so many of our professed adherents abandon it altogether and practice a system of "adjuncts" which does not distinguish them from the average physician of the old school.

To all these wanderers the proceedings of the Internationals are most wholesome reading, and must tend to recall them to the straight path of pure Homœopathy. We are not sorry, therefore, we have occupied so much of our valuable space with these papers.

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## INTERNATIONAL HAHNEMANNIAN ASSOCIATION MEETING OF 1892.

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### DISEASES OF THE DIGESTIVE ORGANS, AS THE PRIMARY CAUSES OF CONSUMPTION AND OF MANY OTHER DISEASES.

W. L. MORGAN, M. D., BALTIMORE, MD.

The digestive organs constitute one of the most important groups in the human organism. These are the salivary glands, œsophagus, stomach, duodenum, jejunum, ileum, appendix, the ascending, transverse, and descending colon, with the hepatic, splenic, and sigmoid flexures; and the rectum, liver, spleen, pancreas, mesenteric glands, and thoracic duct. These are the primary organs, whose office is to prepare material to build,

form, and sustain every organ, tissue, and function, even the vital force and the brain, which is the organ of the mind. The digestive organs are oftenest over-worked, strained, and are seldom allowed to rest; they are the victims of abuse from every intemperate habit or act, including the indulgences of the table and of fashionable life. When we see the amount of work these organs are required to perform and their delicate structure, we cease to wonder at the great number and severity of diseases to which they are subject.

With few exceptions the diseases of the stomach will apply equally to the entire digestive tract from aphthous sore mouth to piles, fissures, prolapsus recti. The diseases of the stomach are more numerous than is supposed at first thought. It is generally and correctly understood that all irritation, all kinds of pimples, eczema, pustules, infectious rashes, such as measles, scarlet fever, itch or scabies, and suppurating ulcers, when suppressed from the skin by salves, ointments, plasters or medicated washes (and by many supposed to be cured), generally transfer their openings to the mucous membrane of some internal organ, usually the digestive tract, and especially the stomach.

Think of a corroding ulcer on the leg, how it burns, pains, itches, and the corroding pus that causes an eating sore wherever it touches the skin, in which the modern scientists find dangerous bacteria with long horns, sharp claws, ravenous appetite, and a capacity for reproduction by millions per day!

But we will leave them on the shelf and reflect that many of these conditions may be in the stomach, and, in addition to them, catarrhal sores and thickening of the membranes, which cause unhealthy secretions. Superficial and perforating ulcers, cancers, all produce poisonous secretions, which are at once mixed with the ingesta, along with other degenerative substances mentioned below, and with the digestive fluids of the stomach; and these are fused together with imperfect digestive fluids from a diseased organ, which may be too acid or too alkaline, or deficient in vital properties, which the chemist cannot determine. Besides these lesions and the excruciating pains suffered by the patient, there are cramps, strictures, spasms, atony, flatulence,

and many other morbid conditions caused by perversion of the vital force, intussusception of the bowels, incarcerated flatus, parasites, nausea, vomiting, hemorrhage, etc. The descriptions of the pains and nervous states attending the above diseased conditions are not necessary to the object of this paper and are omitted.

For convenience, I will call attention to some of the most important diseases of the digestive organs in the order given in Volume I, of Arndt's *System of Medicine*, namely: œsophagitis, dysphagia, stricture of the œsophagus, dilatation of the œsophagus (œsophagocœle), perforation and rupture, morbid growths, neurosis, spasmodic stricture and paralysis of the œsophagus.

Then following the canal we find the stomach the seat of many more of the most painful and distressing affections that are known, viz: atonic dyspepsia, cardialgia, gastralgia, gastrodynia, cramps, acute gastric catarrh, gastritis toxica (poison), chronic gastric catarrh, ulcers, superficial and perforating cancer, vomiting of blood, stricture of cardiac orifice, obstruction of pyloric orifice, dilatation, stenosis, hypertrophy, tumors, abscesses and ruptures of the wall of the stomach, albuminoid, fatty and tubercular degeneration. Add to these the numerous functional derangements, such as excess or deficiency in the secretion of the digestive fluids and any of the vitalizing agents. In this way we will pass along the entire length of the intestinal tube, and the same imperfect secretion of fluids necessary in the proper preparation of the food to nourish the system must make imperfect digestion and imperfect chyle, which produce diseases of the mesenteric glands and lacteals, and make imperfect blood. This must, of necessity, cause imperfect tissue, defective organs, susceptibility to infectious and other diseases, inability to throw off effete matter. Hence, the result is tuberculosis, overworked and diseased liver, impure bile. Thus starts another cycle of imperfect digestion for the formation of more bad blood, numerous kinds of headaches, eyeaches, toothaches, neuralgia, boils, carbuncles, abscesses, felons, neurosis, vomiting, periodic bilious attacks. Then diarrhœa may set in, with kidney and vesical irritation, hemorrhoids, fistula (and if a female with prolapsus,



versions, flexions, leucorrhœa) the patient may become hysterical, nervous, fretful, contrary, melancholy. The stomach may be swollen, sore and distended with flatus, the pancreas may be enlarged, and both, by mechanical action, interfere with the great solar plexus of the sympathetic system of nerves, and give rise to hypochondriasis, cause the children to be scolded and whipped, bring about the family quarrel, separation, and lawsuit. All these, and even suicidal mania, homicide, suicide, and a thousand other troubles might be averted by securing a thoroughly healthy condition of the digestive organs.

I will now follow the process through which the nutrient material passes, together with its relation to the healthy or diseased mucous membrane and other organs of digestion. When liquid is taken into the mouth, it is passed at once into the stomach, with the saliva which it has excited; but with solid substances it is quite different, as in the after processes it is necessary that it be reduced to a semi-liquid state. For this purpose the irritation from the presence of the solid substance in the mouth calls on the salivary glands for saliva to incorporate with the food as the preparation for digestion, after it is retained in the mouth a reasonable time undergoing the process of mastication till sufficiently mixed with the fluid from the salivary glands. It is then ready to be transferred to the stomach for the first stage of digestion. If the mouth, salivary glands, pharynx, or œsophagus, one or all, are in a diseased condition, this disease may be infused into the ingesta. If the salivary glands are in an inflamed or diseased condition, it is fair to suppose that the fluid will be either impure or deficient in quantity, and that the ingesta will pass to the stomach badly prepared—that is, lacking in properties or charged with impurities or deleterious substances to go with it through all subsequent operations of digestion—distributing disease-force to every atom of matter in the alimentary canal.

After remaining in the stomach till it has become well incorporated with the various fluids of that organ, the content of the stomach is then passed to the duodenum where it is joined with the pancreatic juice and the bile from the liver, which



organ is the seat of numerous diseases, and is always liable to produce very impure or defective bile. Then, if there be purulent secretions from ulcers along the intestinal tract, we must conclude that, in the assimilative process or second stage of digestion, the chyle produced from such a mass must carry diseased force with it through the lacteals into the thoracic duct, and thence into the right vena cava. Thence, mixed with and becoming a part of the blood, it is conveyed through the heart to the lungs, back to the heart, thence with all its defects and morbid forces to every organ and tissue to replace worn-out tissue cells, to build up new tissue to wasted organs, to supply heat, sustain vital force, and strengthen the organism, and to enable the lymphatic system to eliminate effete matter from the organization.

Diseased blood is taken to the kidneys, and, with the urine, different mineral salts are secreted in solution, which when in improper condition precipitate, in the pelvis of the kidneys, concretions which pass to the urinary bladder and form gravel. In other cases, the mineral salts separate from the blood and form similar concretions in the synovial membrane, giving rise to the well-known arthritic rheumatism, gout, and bone diseases.

From this sketch of the process of digestion by diseased organs, it is easy for the reader to understand the definition of the common term, bad blood, and why it is bad. This material is carried to the connective tissues, where a certain portion is used in the formation of defective or diseased tissue, and a large part is unfit, and is placed with the effete matter to be ejected from the system, hence the feeble lymphatic vessels are over-worked, and engorgement, delays, and stoppages are the result.

Let us suppose that one of these small vessels which conveys material to the skin to be carried off by the perspiration becomes stopped; the heavy charged fluid then presses forward and pushes the obstruction toward the skin, and by affinity it adds more and more until it becomes too large to pass further. The obstruction then becomes equal to a foreign body; it also becomes a nucleus which attracts other morbid substances

irritating to the adjacent tissues, when by the process of inflammation it becomes a receptacle for effete matter ; and it soon becomes an abscess, and may be called a pimple, pustule, boil or carbuncle, according to its size and character. When it has increased in size, become pointed, has broken through the surface, and emptied its contents, it often becomes a continued running sore, but generally gets well, giving place to another ; though, in cases of excessive general derangement, nature comes to the rescue, and by shutting off the appetite lessens the supply.

While much of the external surface is thus deranged a similar process is affecting the internal organs, the more fluid matters being pushed with great force upon the mucous membrane of the bowels, washing off the epithelium, making a catarrhal sore, and so flooding the digestive tract with fluid matter that diarrhœa is the result, which gives temporary relief, but is soon followed by other serious consequences. If these obstructions form in the periosteum or spongy portions of the bone, we have various bone diseases ; if in the finger or toe, we have a felon ; if in the hip, a hip-joint disease ; if in the root of a tooth (we know the consequence) a toothache. In other cases it is different. These small collections of matter tend to lose their water and become semi-solid and not irritating to the adjacent tissues ; they may become encysted and remain solid for an indefinite time, without their presence being observed. Any organ or tissue may be the seat of these deposits, but the lungs, being poorly supplied with nerves, in the parts most remote from the large air-passages, are generally the first to be invaded by these bodies. In the final result of their enlargement and breaking down there is little chance for the pus to escape, and, in order to find an exit, it must destroy more tissue than in the more external organs.

With this hasty review of the deleterious and depressing effects of a diseased condition of the digestive organs on other parts of the system, our picture is incomplete without some reference to disease-producing agents from without. There is perhaps no animal or class of animals on earth that live in more constant violation of the natural laws of health and comfort than the genus homo.

The habitual use of the fermented and distilled liquors and tobacco I leave to the temperance societies, but ask you when eating badly fried meats, fish, or cakes, fried in burning, smoking, blazing grease, to pause and think for a moment of the burning sore, itching, swollen, suppurating gland, erysipelas, putrid, cancerous, and acrid sores which are among the provings of *Carbo-animalis* before you take this carbonized animal oil into the stomach to add to other irritating substances and secretions for further destructive work on the system.

Omitting much that might be said of other articles of solid food, I will invite your attention to the modern and extensive use of ice-water, which chills the stomach, stops digestion and secretion of natural pepsin, and causes the delayed ingesta to ferment and become irritating! The vital force comes to the rescue with an increased volume of blood to warm the chilled membrane, and is again repulsed by another supply of ice-water, till this repeated action and reaction results in acute, sub-acute, or chronic gastritis and many other evils too numerous to mention in this article. It is also my object to call attention to the too extensive use of the various mineral waters, and to their subsequent effects. Let us recall the effects of some of the mineral constituents; for example, see the workings of Sulphur, how deeply it invades every organ, tissue, vital and mental faculty with its innumerable morbid symptoms and tortures from the time of inception to the hour of final dissolution. Think of the cramps of Magnesia; the rotten-smelling feet of Silicea; the anæmia from the excessive use of Iron; the glandular disturbance of the Calcarea, and many others. The great excess of these materials in solution added to the already sufficient supply taken with the natural food tends to further over-work and irritate the organs of digestion, assimilation, and elimination, and furnish food for all the above mentioned morbid processes and many more.

I wish to call the attention of the profession to the impropriety of recommending their patients to resorts for strong mineral waters, instead of waters to which chemical analysis gives the least or no mineral elements at all.

Let them have water as perfectly pure as possible to wash the



excess of mineral salts from the tissues in solution, and instruct them as to the pernicious effects of the very popular vegetable tonics, which are so extensively used by all classes of people and are recommended by so many physicians.

I do not claim that any of these statements are new to the older members of the Association, but, since the medical profession generally is drifting to surgery and specialties requiring surgery, to the neglect of the medical treatment of these important organs, I wish to impress on the younger members of the Association the sufficiency of medical treatment of this branch of practice; and that *The Organon* is not "old and out of date," as was asserted to me by a distinguished modern homœopathist. The old materia medica, which has been our reliance for so many years, still gives us, without reconstruction abundant symptomatic matter; and *The Organon* and *Chronic Diseases* will furnish ample instructions for a successful treatment of the diseases of the digestive organs for many generations yet unborn.

May the International Hahnemanian Association and Post-Graduate School of Homœopathics live and keep alive the sacred teaching of *The Organon* till that period yet hidden in the womb of time when mankind will cease to be afflicted.

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## SIX CASES TREATED SHOWING THAT TUBERCULOSIS OF THE JOINTS CAN BE CURED BY MEDICAL TREATMENT.

W. L. MORGAN, M. D., BALTIMORE, MD.

While my paper on "Indigestion" was in preparation, the April number of the *Southern Journal of Homœopathy* came to hand. On page 555, is Dr. T. E. Linn's article on "Tuberculosis of Joints—Resection of the Knee Joint. A case." In the second column of the page he says: "By surgical means we can cure the tubercular joints—by medical treatment, never." This statement is directly at variance with the claim of my paper. Then on page 560, a case is given where he resected the knee and made a perma-



nent cripple of the patient. Yet the operation was a success he says—a stiff leg. Thus it makes it necessary for me, in defense of my position, to report a few cases of the same kind treated and cured by strictly medical treatment, one of which the finest surgical treatment in America failed to cure, which, under medical treatment, is now rapidly approaching good health with fair use of the joint. Three others were perfectly cured.

My first case was treated in 1873. It was Miss L. H., of Marion County, Indiana, age twenty years. Two years before in jumping from a carriage she struck her knee against a stone. Soon after enlargement commenced. It was now more than double the size of the other knee, with very slight movement of the joint. Her knee had been examined by a number of eminent surgeons, all of them agreeing that it was a case of exostosis. One recommended an operation by cutting away the bone; others different kinds of surgical treatment. They gave her a printed picture of exostosis of both tibia and femur, showing large growths of bone, which they said should be cut off by surgical operation. All agreed that it was tubercular.

A prescription, Cal.-phos.<sup>30</sup> being the principal remedy, was given her. Met her six months later walking with a cane; three months after that time she was entirely well. She married; three years afterward she and her two children were in excellent health.

Baltimore, 1882.—Met Mrs. B. from Middlesex County, Virginia, with her son, Willie, suffering with hip disease. She had been to two hospitals for advice. Got no encouragement for a cure, though they advised a hip-joint operation, but gave no hope of his recovery. Willie was six years old, light hair, blue eyes, fair skin, body emaciated, two scrofulous ulcers on his neck, thigh flexed at right angles with the body, heel solid against nates, knee and hip joints stiff, large ulcer near the great trochanter and three others outside of the thigh. Head large, eyes bright, abdomen very large, canine appetite, stools undigested, smelling badly, food passed thirty minutes after eating, the pit of the stomach convex instead of concave. He got Calc-

carb.<sup>200</sup>, a drachm vial, six number twenty pellets once a day. Gave no other medicine. Completely cured in one year. Now Willie is a live, active young man, managing a truck farm with no inconvenience, except a high heeled shoe.

A similar case to the one mentioned above was a girl treated by letter and cured in six months, same county.

By letter a similar case to the above, in the same neighborhood, was a colored boy now under treatment and reported improving rapidly.

1890. Mrs. H., age thirty-five, married, no children. For twenty years has been suffering from caries of the right innominate bone below the acetabulum, with large ulcers, external and internal, passing through the rectum. Right limb about four inches shorter than the left; walks with a high-heeled shoe. Formerly suffered great pain, most of the time unable to attend to household duties. Suffered from night-sweats mostly about the neck and chest. Sweaty feet, raw between toes. Gave Sil.<sup>m</sup> and continued. Since then have used Calc-carb., but now on Asaf.<sup>30</sup>. Has been for a year able to attend to all household work. Walks on streets, gradually approaching good health. Has made wonderful improvement for a person of her age with a disease of such long standing.

Willie E., age six years, light hair, blue eyes, large head, very large abdomen, limbs wasted, flabby skin, and convex stomach; caries of the left innominata at the upper end of the sacro-iliac-symphysis with a large ulcer. This patient had been an inmate of one of the finest hospitals in America for ten months. Had had three surgical operations in that time, and was preparing for another when his father took him away, after which time I was called to attend him. Found him as above described, with a large cicatrix perpendicularly through the nates, three inches long and three-fourths wide, with a fistula opening near the upper end with a piece of oiled silk folded two inches deep into it, with extensive bandaging, with antiseptics in great abundance.

My first work was to remove all this and apply absorbent cotton and sufficient bandage to hold it and absorb the pus

which was flowing in great quantity, thin and varnish color. He got Calc-carb.<sup>m</sup>. Continued for thirty days. I directed him to go home to his mother in Southwest Virginia. Six weeks later received a letter that Willie was doing finely, improved in every way, gained nine pounds in weight. Continued. Reports continue favorable and continued improvement.

In all these cases the bone affection had been long preceded by some derangement of the digestive organs, which continued through the case and furnished the leading indications for the remedy in each case, and all were benefited and half cured without the loss of the joints.

I suppose many of the members of this Association can report numerous cases similarly treated with like results, and can join me in the opinion that tuberculosis of the joints may be cured by medical treatment, but *by surgery, never*.

Also, I protest against subjecting the sufferers already afflicted to the worse suffering caused by the loss of joint, limb, or life under the idea of being cured by a surgical operation.

The following cases were reported to me by Dr. J. C. Hammer. One I knew myself.

Mr. H. S., age fifteen. Had been treated ten years for hip disease, and given up as hopeless.

Cured by a homœopathist in three years. Now, eight years later, good health.

Miss Martha L. had hip disease five years—a bad cripple. Cured by a homœopathist in one year.

Mrs. J. C., Buckingham County, Va. Hip disease from childhood. Treated by letter and cured in two years by a homœopathist.

Miss Gracie B., Loudon County, Va. Hip disease from infancy. Cured in eighteen months by homœopathic treatment.

All the above cases were preceded by disease of the digestive organs.



## CLINICAL CASES.

W. L. MORGAN, M. D., BALTIMORE, MD.

Miss Bessie B, aged twelve years, light hair, blue eyes, slender. Had measles eight years ago, suffered a great deal, never got well properly, has had a hoarse, rough cough ever since. Always taking cold at every provocation. Was frequently called to see her for colds. Always attacked in a different way; never twice alike.

March 20th, 1891.—Cough worse, rough, hoarse. Gave Spongia<sup>60</sup>. The 28th called again. Cough better, but had bad headache, backache, tongue red, raw, and salt smarted tongue badly. Gave Nat-m.<sup>cm</sup>.

May 12th.—Rough, hoarse cough again. Gave Spongia<sup>200</sup>.

May 18th.—Tongue coated white, sore in the breast, rattling phlegm, difficult expectoration of white mucus. Gave Ant-tart.<sup>60</sup>.

May 29th.—Called early in the morning and found measles out all over. Cough nearly stopped; feeling much better. Run an easy course. Has been in good health, no cough since.

John Dwier, age eleven years. Red hair, light complexion, rather delicate build, mild disposition. Called February 11th, 1892. High fever, sore throat, hoarse, rough cough. Could not make any diagnosis but found he had had measles four years before. Had not developed well. Has had the cough ever since. I suspected suppressed measles. Gave Puls.<sup>60</sup>. Next day all symptoms appeared to be worse, especially cough and sore throat. I saw signs of measles on the soft palate. Gave Sac-lac. Next morning measles fully out. Run an easy course; was well soon. Two other children took measles from him. All got well without further trouble. John in better health ever since.

I report these two cases in addition to the four cases published in the *Advance* of April, 1891, as increased additional evidence that measles may remain in the system for an indefinite number of years and by judiciously following the indications



for treatment may be re-developed and the patient restored to health, provided the destruction of tissue has not gone too far as in the latter stages of consumption caused by suppressed measles.

John D. Newman, age sixty-four years, medium height, railroad engineer for about forty years. Generally in good health. Suffering from indolent ulcers on both legs, front part from knee to ankle, for eight years; scaly, suppurating but little, leaving a purple base after healing, but reopening frequently, very sore to touch but not painful. The leading symptom for treatment was always feeling badly in a warm room and better in open air; great aversion to exercise, always wanting to lie quietly and not be disturbed.

April 18th, 1891.—Gave Bry.<sup>200</sup>, and Sac-lac.

April 24th.—Feeling better. Continued Sac-lac.

October 30th.—Continued improvement. Continued Sac-lac.

November 14th.—No improvement. Gave Bry.<sup>m</sup>, and Sac-lac.

November 29th.—Little improved. Gave Bry.<sup>mm</sup> (Skinner).

December 5th.—Sore all healed and color nearly all disappeared, but he had been on road again and had taken cold and returned home with typhoid fever. Bry. being indicated gave the 200th, which was the remedy indicated by symptoms of the fever. Made a good recovery and has been in good health ever since.

The same remedy appeared to be indicated in the dissimilar case of the same patient. In the latter case the 200th in two doses cured him and he still remains well.

April 9th, 1892.—Mrs. W., age forty-five years; weight, one hundred and twenty-five pounds; light complexion, native of Pennsylvania. Had suffered some years ago with some uterine and vesical trouble. The past two years had suffered with menorrhagia, after flowing for two and one-half months without intermission. Had resisted carefully selected treatment, also the treatment of a modern homœopathist and returned to me. Gave Ovi-mem.<sup>dmm</sup> (Swan). One dose 4 P. M. At 10 P. M. had intense itching from waist down with

heat and feeling like measles when rubbed. Washed with warm water and soap, then it felt as if being burned but soon cooled off and slept well. Awoke as usual 9 A. M., frontal headache from brow to sinciput. Next day no itching, headache some, flow growing less and pale, otherwise well as usual. These symptoms were all new, had never experienced any of them before. Next day flow stopped. Since then great improvement in health.

June 16th.—Health continues excellent.

February 17th.—Was called to see Mrs. ——. Great pain in right hypogastric and inguinal region, swelling and soreness and bloody leucorrhœal discharge. I soon learned that she had had a miscarriage on the 10th ; had been under the care of another physician, that he had done something to induce miscarriage but she did not know what ; that she has suffered a great deal and was getting no better, and was sure that something was wrong. Gave *Arnica*<sup>30</sup>.

February 18th.—No better. *Calendula*<sup>30</sup> with compress of same in solution of water. Continued through many changes of symptoms as well as remedies, but *Calendula* all the time to correspond to the best of my judgment. The swelling subsided and for several days there remained a hard object like a cord the size of a small finger to the feel but quite firm, extending from the fundus uteri parallel with and just above Poupart's ligament to a point just above the anterior crest of the ileum, thence a short curve upward as if with the ascending colon ; the great emaciation of the patient rendered it easy to determine that this object was inside of the abdominal parietes ; by daily examination it proved to be moving to the right and upward. On March 7th it had left the fundus uteri over an inch and the vaginal discharge had nearly ceased. An examination found vagina perfectly healthy, os opened half an inch, filled with clear mucus which was removed ; found opening an inch deep, very red but not sore or bleeding. General health improved. March 28th the mysterious object had disappeared to the right and upward. Patient dismissed.

From this time everything went well with patient till April

23d. She came to my office appearing in a very uneasy state of mind, stating that while at stool in the morning she had passed with the stool a piece of something like a bone which she lost in the sink, and was followed by a something like a large worm which she had pulled from the anus with great pain and difficulty, and washed it and brought it for me to see what it was, and produced from her pocket a package containing a common sized flexible bougie with the ivory head taken off, which I supposed was the part that fell in the sink and was lost.

From this train of evidence I am led to conclude that the bougie had been used to produce abortion and not been removed at the delivery, and when the uterus contracted the end of the bougie engaged the inner opening of the right Fallopian tube and from the continual pressure and irritation caused inflammation and expansion of the tube, and it easily passed upward to the right extremity, and by inflammation and adhesions perforated the ascending colon and thence continued to move along with the colon to the anus, and passed out through the natural channel. It is still in my possession. The patient is now satisfied that if she gets pregnant she will have no operation to prevent its continuance.

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## CAN SCABIES BE CURED WITH THE SIMILLI-MUM?

E. T. ADAMS, M. D., TORONTO, CAN.

MR. PRESIDENT AND BRETHREN:—To my mind there are two important matters affecting our “Common Israel” very closely which demand and require settlement, or as near a settlement as our present knowledge and experience will permit.

Wonderful is the advance made in the study and practice of pure Homœopathy in the past eleven years, or since a few of our noble seniors came out from among the majority and decided that they would no longer be placed in a position where they could be accused of hypocrisy, etc.

I should have said wonderful is the return to the study and



practice of the fathers. I sometime doubt whether we, who from age or lack of knowledge of the truth, were not among that noble band appreciate what they then and there did for us, and when in sorrow I study o'er and think of the blind, egotistic ignorance in which I then labored and practiced, I honestly and with a thankful heart bless those fathers, and with a heart-felt gratitude bless the day when they unfurled again to the world the flag of pure Homœopathy, and regard that day as only second to that on which Hahnemann—THE MASTER—first announced to the world the blessing of Homœopathy and its talisman, "*Similia similibus curantur.*"

To get back to business, and my first matter or question, whatever the result, I beg you will consider and believe that my intention is good and for the advancement of the truth.

In our meetings and reports we often read of "spoiled cases," "that no hope of cure remains," etc., etc.

I have long felt that the truth of such assertions should be definitely ascertained before permitting their use; in fact, that they should be axiomatic to excuse or permit of their use at all.

If not true, then such expressions have much to answer for, and if true, then we have much to answer for.

In my journey from darkness to light, from ignorant eclecticism to some knowledge of the truth as it is in Hahnemann, I may honestly say that I found this expression of a belief in this possibility to be my greatest obstacle—the chief stumbling-block in my upward journey. My desire in bringing this question before this Association is to elicit a discussion in which we may obtain the truth as found in the experience and practice of many here, who have greatly aided in the past in the settlement of debatable questions which have occurred in our medical system. Briefly, then, let me ask why and how it is possible that we, with the minimum dose, repeated infrequently, can produce such *fatal* results—fatal is the only appropriate term—that the victim may give, nay, must give up all hope of cure, while prior to the administration of this medicine in error the condition of the patient was quite curable? Truly, as we are but finite men, if it be proven that such sad effects may follow a



mistake of judgment, work, or lack of ability, over our office-doors should be written, "All ye who enter here may leave all hope behind." The vast majority of our bad chronic cases come from allopathic hands whence they have received innumerable and strong doses of powerful drugs and poisons, yet, I think, with the possible exception of cases of heart disease treated by massive doses of *Digitalis* (and even the truth of this is not invariably admitted), we do not regard such patients as being hopelessly incurable, but get to work, and with the indicated remedy cure the majority.

To my mind, if forced to accept such belief as true, we take upon our shoulders, to say nothing of our consciences, a burden almost unbearable.

Then, again, let me ask why a remedy selected through careful study and conscientious comparisons should produce such disastrous results? I think you will admit that a remedy so selected is, if not the *simillimum*, at least a similar. If this be granted I will remind you that the fathers of our school, in the days antecedent to ours, with our enlarged and improved works on *Materia Medica* (*improved* is not ironical, as I do not refer to *all* modern works) and before the introduction and proving of scores of "new remedies" made wonderful cures, established the truth of our law by the use of such similars, zigzagging back and forth with their similars until health was restored and cures effected. If the danger of "spoiled cases" exists at all surely they should be more common in those days and under those more trying conditions.

I may add that my remarks also refer to like results when said to come from a too frequently or too early repeated dose. To my mind the punishment is too great for the offense.

I cannot imagine a Hahnemannian physician trying faithfully to select the *simillimum* and using his best judgment as to the repetition of the dose of the *simillimum* who merits such severe punishment from an unintentional error.

You have the question before you. For long years it has worried and troubled me, lest with my best efforts to benefit an unfortunate sufferer I might unintentionally blast his future.

It is not to cavil, but with anxiety for relief and knowledge, I introduce this question.

My second question is on the treatment of pure scabies. From personal knowledge and experience I know that among us exists the greatest dissatisfaction as to the results obtained from the treatment of this disease, and this among men who practice Hahnemannian Homœopathy and successfully in all other curable affections, yet with their best efforts, exercised with the greatest care, they make failures right along, and after months of treatment only find the patient growing worse and worse, till the friends, becoming not only discouraged but disgusted, call in old school aid, when lo! presto! in a few days the scourge of months is conquered and the prisoner liberated—and by the use of external remedies.

I feel strongly on this question, for I have suffered, and in my efforts to practice purely have seen families leave me, and, what is infinitely worse, leave Homœopathy.

Is it not rather strange that men who have good success in the treatment of other affections should fail so egregiously in this disease? There must be a cause—a reason—why physicians who cure the whole list of itching, irritative eruptions—including herpes, eczema, purigo, etc., etc., should fail entirely over scabies. Truly in this case the question of “what’s in a name” is important. I defer to none in the reverence and honor with which I regard Hahnemann, but many and many a time, when disheartened with the lack of success after months of careful treatment of such cases, I have wondered whether Hahnemann did not regard all itching eruptions as from the same root and designate the whole as “itch”—and it is not always an easy task to correctly diagnose between the pure and spurious—so much is this the case that I have come to regard a very few cases I have cured in the past eight or nine years, as being spurious and not the *acarus scabei*. Here, I would like to ask what injury would be liable to result to the patient, who while under constitutional treatment, used Sulphur ointment as a germicide?

It will be said, I doubt not, that strict adherence to our law,

the selection of the simillimum from the totallity of symptoms will cure pure scabies or *acarus scabei*, and I doubt not honestly, but there comes the question asked before, why other Hahnemannians, successful above the average, should fail with this diseased condition so disastrously ?

This question is agitating our men "across the line," and that I am not alone I have here in brief form the experience of one of our men, a Hahnemannian from principle, a student of our greatest teacher of the philosophy of Homœopathy and *materia medica*, and a young man who devotes much time and great care to the study of his cases. Also, a brief article from one of our older members entitled the "Sphere of Homœopathy," which, as you will hear, is appropriate to this question.

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## TO THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

TORONTO, June 15th, 1892.

Mr. B. came to me on April 5th, 1891, with a very psoric constitution, and suffering from overwork. He had contracted scabies shortly before coming.

He was told that the eruption must be left alone, that no local treatment must be resorted to ; and a remedy was selected in accordance with his constitutional condition. This proved to be Sulphur<sup>cm</sup>.

His general health improved considerably, and some months later the case ran into Sepia, for which he got the 50m.

He remained under treatment until he went to England in August.

Though improved greatly in general health, the eruption had got steadily worse, apparently without being in any way affected by the treatment. He was in a dreadful state with it when he went to England.

During his stay in Canada, previous to his going to England, he had visited several places in various parts of the country ; his business compelling him to do so.



Wherever he went, he seemed to leave the disease behind him. I heard of half a dozen cases in different families contracted from him.

Three or four cases came to me for treatment.

Of these only one remained under my care for any length of time. They were all treated with the homœopathic remedy only, and great care bestowed upon its selection. None were benefited in the slightest degree.

The one case that remained was that of young lady.

Mrs. B. had visited at her father's house.

Her father was a patient of mine as were also several members of her family.

She remained under treatment for six months, closely following the directions.

The remedies in her case were :

Silicea<sup>40m</sup>, F.

Sulphur<sup>21m</sup>.

Sepia<sup>50m</sup>.

All selected for constitutional indications.

Her general health was improved, but the eruption got steadily worse ; the remedies having no effect upon it.

At last in despair I gave Alumina<sup>50m</sup>, F. C., which had done grand work in another member of her family, and for which there were some indications in her case.

There was no improvement in the rash.

The girl was suffering dreadfully from the irritation, and her friends would not come near her, being afraid of contagion. She was practically quarantined by all who knew her.

Her father was an old patient of Dr. Constantine Hering, and had great faith in everything the doctor had ever said or done. He pointed out to me, that in his work on domestic treatment, Dr. Hering advises the killing of the itch bug by Sulphur ointment, saying it will not injure the patient ; and, at last, all other means having failed, and the girl's condition getting worse and worse, I consulted several physicians who are members of the International Hahnemannian Association.

After thinking it over, the doctors agreed with me that, the



remedies having failed, I should use Sulphur locally and give her relief. I explained to them that it was not homœopathic treatment and told them to use it.

A few days ago I wrote the father for an account of the case, and append extracts from his letter. He says: "You know I am not an enemy of Homœopathy, but it seems to me to be *practically* a failure in acarus itch. Who is going to put up with six months or more such suffering as it is, when a few applications of Sulphur ointment will settle the matter?"

"Dr. — (mentioning the name of one of the most successful Hahnemannians in Canada) has not been a whit more successful than yourself in the cases that he had in hand as far as I know. I shall be glad to know what the International Hahnemannian Association says about it, and am pleased that you are going to lay the matter before the Association. My daughter is now well."

A number of years ago, the greatest prescriber Canada has ever had in Homœopathy had one of Toronto's public institutions under his care when scabies broke out. In spite of everything he could do, the contagion ran through the institution until the Board of Management interfered and called in allopathic advice. The allopaths stamped the disease out in a few days, and no homœopath has ever been allowed to treat a case in that institution since.

It does seem as if scabies were not a case for medical treatment but for a direct poison for the bug.

Dr. E. T. Adams has kindly consented to bring the matter before the Association as I cannot attend the meeting this year.

Trusting the International Hahnemannian Association will give this their consideration, I remain,

Respectfully,  
OVERTON F. MACDONALD, M. D.

## SOME CLINICAL CASES.

A. G. ALLAN, M. D., PHILADELPHIA, PA.

In presenting to you the following clinical cases I have had but two objects in view : 1st. To show the efficacy of our system in dealing with eye symptoms. 2d. That the highest potencies act immediately and, I may say, almost like magic in acute cases. These cases are such as every one of us is liable to meet with in daily practice ; so I consider them to be of more practical value in a paper like this than a report of cases such as seldom occur, or where the writer has had the good fortune to rescue an unfortunate from the verge of the grave. While cases of such a nature may appear wonderful and call forth encomiums from a circle of admirers, unfortunately they usually contain very little of value to the student of Homœopathy.

CASE I. September 10th, 1891.—Miss A., aged five years, was brought to me by her mother to have her eye treated. She had a central phlycten on the cornea of the left eye ; the globe of the eye was inflamed, but the redness was not as marked as we should have expected from a phlycten in that situation. There were present some photophobia and lachrymation, but these were not very marked, as the child was able to open her eyes, although facing a window, and when I separated the lids to obtain a better view of the eyeball there was no spasm of them, which is often so marked in corneal troubles. Of course the child was too young to give her subjective symptoms, so we were forced to rely solely upon the objective ones. Her mother said that this followed an attack of scarlet fever two years ago. Before this attack of fever the child had never had sore eyes, but that since then she had had eye troubles almost continuously. It began in the left eye and had always been worse in that one, though at times the other one was attacked too. The only other symptom that her mother observed was that the eyelids adhered by night so that she had to bathe them in the morning before they could be opened. In studying this case for a remedy we must not lose sight of the fact that the eye and ear

symptoms were concomitant, as this will assist us very much in making our choice. If we turn to page 207 of Berridge's *Reper-tory* we shall find under the rubric *Cornea, Eruptions, Ulcers, Calc-c.* And under *Color Red*, also *Calc-c.* We also shall find that *Calc-c.* has adhesion of the lids by night and that *Calc-c.* in eye troubles prefers the left side. Accordingly she received a single dose of *Calc-c.*<sup>13m</sup> with instructions to report in two days.

September 12th, 1891.—Eyeball not so red; lids did not adhere this morning. Her mother does not think that there is as much discharge from the ear as there was before she came for treatment.

September 22d, 1891.—Did not see patient again until this date. Her mother stated that as she continued to improve that she did not think it was worth while to come back. The inflammation of the eye had all disappeared by the next day and nothing was visible now to indicate that there had been any eye trouble except a slight haze in the cornea caused by repeated attacks of keratitis. The ear had not discharged since the last visit, and an examination revealed the presence of but a slight moisture at the bottom of the external auditory canal. The mother was told to bring the child back at the end of a week, but as she never returned it is reasonable to suppose that she recovered and that her eyes have remained well.

CASE II. March 27th, 1892.—Miss C., aged thirteen, came to have her left eye treated for an attack of phlyctenular conjunctivitis. There were several well-developed phlyctens on the conjunctiva close to the border of the cornea; but none on the cornea. The child complained of itching and burning, which was ameliorated by rubbing the eye. The sight was impaired; it seemed as if she were looking through a fog. This was ameliorated by rubbing the eye, and aggravated by bodily exercise and reading. The eye was sensitive to the light. The child had not yet menstruated; she was timid, and her mother said "her feelings are very easily hurt, and she cries at almost nothing." Her mother also said that she often complained of the room feeling close when it did not seem so to others. These general symptoms pointed strongly to *Pulsatilla*, and, as the eye



symptoms are also those of Puls., as may be seen by referring to the *Materia Medica*, she received a single dose of Puls.<sup>55m</sup>. She improved rapidly under this dose, so that at the end of a week, when she returned again, her eye appeared perfectly well.

On April 3d, 1892, I was sent for, as she was too sick to go out of the house. I found her suffering from an attack of diphtheria. Her skin was hot and dry, face flushed, pulse 127, throat swollen and sensitive to touch, great difficulty in swallowing, with the false membrane developed on both tonsils and the soft palate. The left side hurt her more than the right, and the left tonsil appeared to be more swollen and have more membrane on it than did the right. For this she received a single dose of Lach.<sup>mm</sup>. It caused an amelioration in the first twelve hours, the pulse falling to 98, and the skin not feeling nearly as hot as it did in the morning. The next morning, the 4th instant, I found her pulse 102, with no apparent change in any of her other symptoms, either subjective or objective, so I decided to repeat Lach. I considered it best to change the potency, so I gave her a dose of the CM potency. This was followed by a marked improvement, which continued until the 6th instant. The pain during deglutition and the sensitiveness of the throat disappeared almost entirely, the pulse fell to 90, and the false membrane disappeared from all parts of the throat except the left tonsil, which still remained swollen, with some small patches on it. Again I decided that it would be best to repeat, so I gave her a single dose of Lach.<sup>41m</sup>, and by evening all her symptoms were gone. There was now no trace of membrane on the throat anywhere; she could swallow the same as she did before the attack, the skin felt cool and natural, and her pulse was 78, even slower than I would have looked for it to be in a child of her age. With this ended her attack of diphtheria, but not all her troubles, for on the 12th instant she had another attack of phlyctenular conjunctivitis in the left eye, in appearance and symptoms being the same as the attack of March 27th. For this she received a single dose of Puls.<sup>cm</sup>. It promptly relieved, the eye again looking well within a week. Up to the present time there has been no return of the eye symptoms,



and since then she has not had any other sick spell or taken any other medicine.

CASE III. December 30th, 1891.—Miss D., aged seventeen, came for treatment with a central ulcer of the left cornea. The ulcer was large and very deep and the cornea seemed to bulge at that point, making it appear as if a perforation was imminent. This attack was of nearly three weeks' duration, but she had had a previous attack about five years ago from which she had recovered very slowly under old-school treatment. The following were her symptoms: Eyeball very red, the cornea vascular and very much infiltrated. She complained of considerable pain, which was usually worse in the morning on rising, apparently caused by the light, worse in the afternoon and at night, worse from the heat of fire. Burns and itches; sensation like sand in the eye when winking; sensitive and painful to touch; pains shooting. Profuse lachrymation, tears feel as if they would scald the eye; great photophobia. Lids swollen, red, and feel heavy. For this she received a powder of Bell.<sup>cm</sup>, to be dissolved in water, taken in six doses half an hour apart. Took first dose at eleven o'clock A. M.

December 31st, 1891.—Eye felt worse, with more shooting pains. The burning, itching sensation like sand under the upper lid when winking and the lachrymation were also worse after taking the medicine until ten P. M., when she fell asleep. She slept some in short naps the rest of the night but the next day after being up and about awhile the eye felt much easier.

January 2d, 1892.—Yesterday and to-day the eye felt much better. She did not have the same aggravation when first getting up. The eyeball is not so red, ulcer not so deep. Cornea does not appear to bulge at the point of ulceration. Vessels on cornea scarcely visible.

January 5th, 1892.—Eye much better in every respect. Ulcer much smaller. Vessels on cornea only visible when using a lens and there are only a few about the ulcer. Only a very little redness of the eyeball; but on the conjunctiva below the ulcer close to the margin of the cornea a large phlycten has made its appearance.

January 8th, 1892.—Cornea improved, can see no vessels on it; ulcer nearly all healed. Another small phlycten has developed on the conjunctiva at the inner margin of the cornea. Bell.<sup>cm</sup>, single dose.

January 11th, 1892.—Eye same as when last here. No change in any respect. Merc.-sol.<sup>cm</sup>, one dose.

January 14th, 1892.—Improved; less redness of the eyeball. Cornea clearer, vision improving, can see  $\frac{20}{100}$ .

January 18th, 1892.—The phlyctenules have disappeared. No redness of conjunctiva. Vision same as last visit. Cornea clouded at the point of ulceration.

January 30th, 1892.—Eye has remained well since she was here last. No more phlyctens have appeared. Cornea much clearer, but where the ulcer was there is a small macular left.

This girl continued to improve without any more medicine, and the only trouble left in the eye is a very small scar to mark the spot where the ulcer was. Her vision is now  $\frac{20}{40}$ .

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## CLINICAL CASES.

B. N. BANERJEE, M. D., CALCUTTA, INDIA.

### A CASE OF TYPHLITIS.

K. C. D., a young man, aged twenty-four years, had been suffering from obstruction of bowels from January 6th, 1889, and was under the treatment of eminent allopathic physicians for eleven days. Rectal injections with long tubes, and various other measures were adopted to move the bowels to no effect. When I was called to see the patient on January 18th, I found the patient with the following symptoms: Appearance anxious and pinched, eyes sunken, extremities cold, hiccoughs in succession of three at a time, intolerant nausea and vomiting of ingesta and a swelling about the size of an orange in the ileo-cæcal region which was painful and tender to touch. The right leg drawn toward abdomen and supported by a pillow underneath, no stool during the last eleven days. The least motion produced agonizing pain. The whole abdomen was distended,

sore, very painful, and sensitive to touch. A little food would cause colicky pain and vomiting afterward.

A dose of Sulphur<sup>200</sup> was given. The next morning the hiccough was entirely gone and the patient felt greatly relieved, though the ileo-cæcal swelling remained as before. I was in a great fix—Sulphur had done some good, but he said that he felt better—so instead of prescribing any medicine I decided to wait. Up till eleven P. M. of the 19th, the patient did well, so much so that he slept for nearly three hours during the day, after five days of sleeplessness. After eleven P. M. the symptoms came back with redoubled vigor. I saw him again at twelve, when I could not trace any new symptom, and therefore prescribed another dose of Sulphur<sup>200</sup> and waited the whole night to see the effect of the medicine.

January 20th.—No abatement of suffering—hiccough and all other symptoms troubled the patient very much and the pulse became quite imperceptible, and a very thin, offensive discharge came out from the rectum.

Crotalus<sup>200</sup>, one dose, was given at seven A. M. I shall never forget the magical effect it produced. The whole train of painful symptoms subsided within an hour. In the evening the patient passed a large papescent stool preceded by three or four large balls.

The patient made a rapid recovery without any repetition or new prescription, but the swelling in the ileo-cæcal region remained for some time, and disappeared gradually within a fortnight.

#### A CASE OF ECZEMA CURED BY CHELIDONIUM.

A. K. D., aged twenty-eight, a lawyer by profession, came under my treatment on March 14th, 1890, for a very bad form of eczema in both his legs, from which he has been suffering for the last three years continually. He had been suffering from the following symptoms of dyspepsia since he was admitted to the bar, ten years ago:

Feeling of anguish in the pit of the stomach when it is empty and relieved by eating, stitches in the region of liver, shooting



toward the back, abdomen distended after eating with rumbling, heartburn, collection and constant spitting of bitter water from the mouth, great absence of mind, forgetting the thread of argument while arguing a case, sleep disturbed by dreams of relatives long dead.

The eczema in the legs at first consisted of red and painful pimples, with a great deal of itching and oozing of a yellowish liquid. The pimples bursting from itching produced an angry-looking oozing ulcer.

Chelidonium<sup>30</sup>, morning and evening, for four days, relieved the itching to a considerable extent. Stopped medicine for four days, but there being no further improvement Chelidonium was again continued for a fortnight, with the result that the itching, oozing, and painfulness of the parts disappeared altogether. No more medicine was given, and the patient got rid of his eczema completely.

#### CASES OF HERNIA CURED BY OXALIC ACID.

I was called to treat a case of inguinal hernia hurriedly, as the patient was in great agony. On examining the patient I found that he was suffering from strangulated inguinal hernia of the left side. He came down from up-country as the hernia remained strangulated for six days. A surgeon was called in, but he could not reduce it and therefore proposed an operation. The patient was afraid to undergo operation, and I was called in to treat him. I do not remember where I read that Oxalic acid was useful in strangulated hernia, but I am sure I read it in one of the American journals. I prescribed it in the sixth trituration, and the hernia went up after six doses of medicine. I presented it empirically. I searched all standard works, but could not find any reference to Oxalic acid in hernia. Since then I have been able to relieve several cases of strangulated hernia. It is right to state here that I have failed in three cases, which is to be expected of a medicine used empirically. The object of my bringing this case before this meeting is to learn whether any proving has been made of Oxalic acid in which any mention is made of hernia.



## SANICULA—CLINICAL VERIFICATIONS.

J. G. GUNDLACH, M. D., SPOKANE, WASH.

CASE I.—Mr. H., attorney, German, leuco-phlegmatic temperament. Had been suffering some time from the following symptoms: passes frequently large quantities of pale, colorless urine, S. G. 1,000, both day and night; worse in the daytime. Small of the back feels weak and aches; feels as though all tired out or exhausted in that region; better from pressure.

Headache (not defined).

Bad taste in the mouth. Not much appetite. Very thirsty; drinks very large drinks; wants to drink all the time.

Feet cold and damp; sweat smells bad.

The above gentleman had been to see two doctors before coming to my office, an allopath and our biochemic friend also, but neither gave him help. Remembering well my own as well as the others' proving of Sanicula, I felt sure that remedy would help this case, which it did at once, and now a year has passed and the trouble not returned.

CASE II.—I. R. S., printer, aged forty. Has been suffering for some weeks, the results of over-work, with a dull pain in the forehead over the eyes; feels as if the eyes were being drawn back into the head. All made worse from being in the warm or close room and of application of the mind. Better from being in the open air.

Mind wanders when trying to apply it. Can't keep at any one thing in the office any length of time. Hardly gets started at one thing before he drops it and picks up another. When at work in the office can't content himself, and though he is proprietor and has work that must be done, yet for the most trifling reason will drop it and run out.

No appetite; bad taste, tongue coated, white, worse in the mornings; dry mouth, no thirst. He is in great distress, fears he is losing his reason, was sure he would if not helped soon. Had a spell like this some years ago, and had to stop work for a long time.

Mr. S. had come to the office in a hurry once before this, not giving me time to take the case as I ought. I gave him Puls., but did not help any; after taking the case as given above, with some study I thought *Sanicula* was the best, and ought to at least help him. I gave it in the 10m. It cured the case at once. Some three months have passed, and Mr. S. is still at work and all O. K. This is the first time I have had to verify these mental symptoms.

CASE III.—Mrs. H., age forty-five, chilly all the time, mingled with flushes of heat.

Chills are worse from moving around, even turning in bed; better from external warmth. These chills come at irregular times; may come on at night in bed, spreading from below up. During chill wants to be covered; when the heat comes wants the cover off.

Pains and aching in the limbs; feels sore and bruised, both flesh and bones; can't place the hand behind or on her head from pains in the shoulder.

Head feels dull and heavy.

Warmth feels good to the pains in the body but not to the head, which wants the cool; can't stand heat of stove about the head. Has bad taste in the mouth, nothing tastes good; desires sour things; some thirst with the fever; urine dark and scanty.

The above case I had given several remedies to as this condition had been going on for some weeks, the woman living in the country, but did not seem to hit it until I gave *Sanicula*<sup>10m</sup>, which cured the case.

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## THE HOMŒOPATHIC PRESCRIPTION OVER THE PATHOLOGICAL ONE.

HORACE P. HOLMES, M. D., OMAHA, NEB.

In this day and age of progress when the acme of medical ability seems to be for scientific innovations, the thought must come to us as to the relative value of the correctly made homœopathic prescription where given according to the pecu-

liar, prominent, uncommon symptoms over the one made on some supposed pathological basis. It is a common occurrence for the writer to be criticized for his belief that the prescription is not best made on pathological symptoms, and that in reality we ignore the best known pathological conditions in making up our most successful prescriptions. That the writer has the correct view of the matter remains unquestioned in his own mind, for the conclusion has been arrived at only after years of patient investigation and the most serious thought he has been able to give the subject. If there is a better way, its demonstration will be hailed with joy and its immediate adoption promised.

Hahnemann taught us that the common symptoms of diseased conditions were of little importance in making up the drug picture of the remedy for the disease that would do the most effective work. At first thought this truly seems an unreasonable statement. That we should throw out such symptoms as pain, fever, chill, inflammation, suppuration, tumors, and all the common features of diseased conditions as practically worthless, and take up those which were peculiar to the individual, and perhaps having no reasonable bearing upon the case from a pathological standpoint seems indeed an unwarrantable position for one to hold. But years of homœopathic practice from this Hahnemannian stand-point has proved the truth of the statement, and we do not lack for ample evidence to substantiate the position.

As a first argument in evidence of the verity of our Hahnemannian position, let me state that we know very little of the pathological conditions of the great majority of affections we are called upon to treat. What is the pathology of rheumatism, and in what possible way can the pathological condition of the case explain why Bryonia is indicated where the patient is worse from movement and Rhus-tox. relieves the patient when better from motion? What is the pathology of diabetes, and in what way can the indication of Apis where there is an absence of thirst be explained on a pathological reasoning? What is the pathology of sick headache, and in what way can the peculiar symptom of Sanguinaria be explained where the



patient for relief kneels down and presses the head against the floor? Or what the diseased condition that makes the Silicea patient better from wrapping up warmly, and the Calcareo-carb. patient want cold applications made to the aching head? Given a case of bronchitis, what are you going to give for it from a pathological stand-point? Here is a patient that coughs her head nearly off on coming into a warm room, and another is equally bad on going into a cold atmosphere. Both remain comfortable in the opposite temperature. On what line of pathological reasoning will Bryonia help the one and Phosphorus the other? I was called a few days ago to take charge of a patient already prescribed for by a homœopathic physician. The pathological condition indicated pleurisy of so violent a type that the patient could neither draw a long breath nor lie down. Bryonia had been given with no beneficial result. There was one peculiar symptom, the patient could not lie on the affected side. A dose of Belladonna<sup>30</sup> was given, and the patient, not only laid down, but turned on the affected side and slept the sweet sleep of the suffering relieved from pain. Why was this so, and how can it be explained on any of the scientific, pathological understandings? It is sufficient for us to know that it is so, and that it can be done in almost every instance.

I was called not long since to a very poor family where the county physician had already lost a boy of ten months, and the only remaining boy—a child of three years—was *in extremis* from what scientific practice had diagnosed as follows: “Bronchitis of the lungs, catarrh of the stomach, and inflammation of the bowels.” A little allowance for the wording of the diagnosis was made for the physician, as it had come through the family as informant. But unscientific Homœopathy could take no exception to the opinion. Furthermore, the child was very sick, and to all appearances would not survive another twenty-four hours. I refused the case, the father pleaded; I said I thought there was no hope, and that I was a stranger to the family, consequently they could have no confidence in me. The parents felt their only boy was dying, and begged me to make one trial



and do what I could. You all know what it is to undertake the treatment of a case that to all appearance must die before the next day is spent. The symptoms pointed to Arsenicum. There was great pallor, great exhaustion, craving for cold water often and it was immediately vomited, frequent diarrhœic stools almost as black as ink, and a restlessness that made it almost impossible to keep the child covered. And the result? Thanks to the inestimable worth of Hahnemann's legacy the boy is to-day running the streets of his neighborhood as well as any little ragamuffin in my parish. And now, my would-be scientific homœopath, what was the pathology of this case that made me give Arsenicum as the homœopathic remedy instead of *Belladonna*, which is so rationally indicated in many of the same kind of diseased conditions? I cannot tell. I only know that there is enough proof of the efficacy of the method to make me perfectly satisfied to try it again.

Last year I was called one hundred miles to prescribe for a patient for a urinary trouble. I will not give the diagnosis or the pathology for fear of prejudicing the mind of the hearer before he learns the result of the treatment. The patient had suffered for years, and his life had grown to be in jeopardy from the seriousness of his condition. He was a homœopath, and had been prescribed for by some of our leading representatives. While examining his case, the patient said he must get out of bed and urinate. He sank on his knees on the floor with the vessel between his knees. He began to strain in the effort to start the water. Slowly he leaned forward, the face reddening more and more, and the drops of perspiration starting from his forehead in the agony of his suffering. Farther and farther he leaned forward until his forehead touched the floor, and the most agonizing moans and screams were wrung from the old soldier as a few drops of bloody urine dribbled from the urethra. Laying aside all pathological reasonings in this case, I thought of *Pareira-brava*—a remedy I had often wondered at from the peculiar symptom but had never given—and the remedy certainly did wonders in relieving the case. It is of no importance that the remedy did not establish a perfect cure and that surgi-

cal means were resorted to. But a sound could not be passed at the time in spite of every manœuvre known to the writer, and the remedy did what no other remedy had done up to that time.

Another case that attracted my attention to this same line of thought was that of a woman who had gone through an abortion at the sixth week. I had been called to see another member of the family and the mother wished me to prescribe for her. She had gone through the abortion all right, as she supposed, but it left her sore and sensitive across the abdomen. She would feel pretty well when she arose in the morning, but by night she would be sore as to be almost unable to move. "And," she said, "I am so afraid of getting hurt. If my little girl only starts toward me, I am afraid she will hurt me, and I put my hands over my abdomen to protect me." What has Arnica to do with such a mental condition when we consider the pathological features of the case? And yet one prescription of Arnica was all the work I needed to do for the patient. My student, who witnessed the work, and learned of the result, said: "It beats H——!" And after nearly twelve years of experience I still am compelled to as forcibly express myself every few days.

And now, my pathological brethren, I have given the reasons for the faith that is in me, and illustrated why I am compelled to think so. Because I take such a position from honest conviction is the writer necessarily a crank? It is within the possibilities that an exceptional case may be shown where a malady was relieved or cured in which the peculiar, prominent, uncommon symptoms were ignored and that the patient was treated entirely on a scientific basis. Admitting this, it will be very easy to point out a similar case where the scientific methods failed and the strict homœopathic prescription cured the case.  
*Sic Semper Homœopathy!*

## A BELLADONNA CASE—WHY NOT MERCURIUS?

W. E. LEDYARD, M. D., SAN FRANCISCO, CAL.

May 6th, 1892.—A youth, aged sixteen, presented himself for treatment with the following symptoms :

*Extensive swelling of the gum of the lower jaw, on the left side, adjacent to a decayed tooth, the swollen gum extending over the latter. First noticed the swelling six days previously. He applied Chloroform and the swelling subsided, but three days subsequently, the gum again began to swell.*

Here it appears to me we see the vital force acting more powerfully than the *suppressing Chloroform*, and thus overcoming the suppression.

The patient expressed the pain as "*jumping*," a severe pain that comes and goes ; the affected part was *extremely painful to the touch ; relieved by warmth ; aggravated by cold air ;* saliva keeps flowing from the mouth ; can only partially open the mouth ; tongue coated yellow on the dorsum ; *sour taste in the mouth ; sleepless, on account of the pain.*

The above looks very much like a *Mercurius* case ; however, *Bell.* was given in the 200th potency, a dose, dry, with instructions to repeat the same, *in solution*, hourly, for five doses, in twenty-four hours, if the improvement had then ceased.

In forty-eight hours the patient reported that the relief was speedy and decided, and that the swelling had almost disappeared.

Let us differentiate between *Mercurius* and *Belladonna*.

*Merc.* and *Bell.* both have :

1. Painful swelling of the gum,
2. Salivation, and
3. Bad taste in the mouth.

On examining the swollen gum, we notice that *the swelling extends over the tooth*, almost covering the latter, while under *Mercurius* we read : *Gums painful to touch, swollen, receding from the teeth ; whitish edges, bleeding, with a fetid odor from the mouth.*



In the above case, the *sensitiveness to touch* was extreme. This *extreme* sensitiveness we find under *Bell.* Aggravation from touch, while present under *Merc.*, is not nearly so marked.

The *Bell.* pains "*come and go*" suddenly, and the taste is sour, as with the patient.

*Merc.* has a sweetish, slimy, salty, etc., taste. It also has aggravation from warmth of bed, and from cold or warm things.

In our case we have amelioration *from warmth*, and aggravation from cold air.

The choice of the remedy was decided in favor of *Bell.*, on account of

1. The great aggravation from touch.
2. The amelioration from warmth.
3. The swelling of the gum *covering* the teeth, and not receding from them, as in *Merc.*, etc.
4. The sour taste, and especially
5. The suddenness with which the pains came and went.

## CASE II.—ARSENICUM IN OVARITIS.

June 26th, 1890.—Married woman, aged forty-three, light complexion, the mother of seven children, had a miscarriage two weeks previous to above date. This was preceded by profuse hemorrhage, which commenced about *midnight*.

She was attended by a professed homœopath, but not a Hahnemannian.

Complained of *burning* in the right ovary; much *worse at night*, with *burning* in right thigh; a terrible *weakness* from the waist down, *on attempting to walk*; has to lie down most of the time. The pain is *excited* or *aggravated* by mental *anxiety*. *Ars.*<sup>500</sup>, dose, at once, dry. Repeat in the morning, after a bad night. Sent *three* powders.

July 4th.—Received a letter, saying: "The medicine (*Ars.*<sup>500</sup>) seemed to do a great deal of good, *at first, removing the sore feeling from the waist down*, without affecting the ovary trouble.

"There is *restlessness before midnight*; hard to get to sleep; when I do so, I am all right until morning.

"I am seldom bright and well in the morning. Intense *burning in right ovary*, which extends down the *inner side of the right thigh*, nearly as far as the knee; very *weak* and nervous, and good for nothing. Very constipated."

July 5th.—Ars.<sup>500</sup>, in solution, every two hours, for twenty-four hours, or until relieved.

July 28th.—The Ars. ameliorated very decidedly until a few days ago. Ars.<sup>40m</sup>, in solution, one hour, for three doses.

Some time after, the patient informed me that the above symptoms were completely relieved.

In the pathogenesis of this wonderful antipsoric we find as characteristics :

1. Anxiety.
2. Restlessness.
3. Burning, especially in the abdomen, and very frequently referred to the *right side* of the abdomen.
4. The *weakness*, which is extreme. The patient doesn't realize her weakness *until she begins to move*. In the above case this was expressed by the words "on attempting to walk."
5. Aggravation at night.

### CASE III.—LYCOPODIUM IN DIPHTHERIA.

April 9th.—A woman, married, but not living with her husband; aged twenty-five, light complexion, blue eyes, circular, scaly eruption on face, probably syphilitic.

Had used a *gargle*, and had also *painted the throat*, before we were called in.

The following symptoms were elicited :

"Bad cold" two months; throat very sore, worse at night; worse on *right side*; relieved by lying on the back; profuse salivation; large yellow exudation on right tonsil; tonsils swollen, worse on the right; tonsils and fauces purplish; frequent swallowing; tongue thick; dark-yellow coating on dorsum; pain in throat from talking; pain in throat, better *by pressure of the tongue against the teeth*; darting pains in right throat when swallowing; *burning in throat*, aggravated *by cold* and ameliorated *by hot drinks*; very "nervous"; no thirst;

fetor of breath; hoarseness for two months; warm sweat after flushing; menses four days overdue; constipation; sedentary habits.

Probably I should have waited until the alteration in the throat-symptoms produced by the gargle and painting had disappeared. However, I did nothing of the kind, but on account of the *burning in throat aggravated by cold water*, I gave Canth.<sup>200</sup>, at first, a dose, dry.

Four hours later, there being no improvement, I administered the same in solution, every half-hour, giving six doses.

After the first dose, *the burning was slightly relieved*, but the throat was still as sore.

Here, I confess to a great mistake in repeating.

The *relief from warm drinks* is mostly *after* swallowing.

Flush and sweat simultaneously.

Sweats especially from feet up to waist.

Smarting in throat aggravated by drinking cold water.

Urine dark-red and thick.

Has had the *womb painted with Iodine*, for "inflammation."  
*Since then, leucorrhœa.*

Now, cotton-like clots come away while urinating.

10th.—Burning and smarting in throat much less; salivation has decreased; not so much pain in throat when talking; slept better; exudation on tonsil disappearing; awoke with general sour-smelling sweat; pulse, 84.

Sensation in right tonsil as though an abscess were about to burst.

April 11th.—Last night restless; dreams of money, drinking, and smoking (she does drink, and smokes cigarettes, which I, of course, prohibited).

During the night, sweating profusely.

Throat still very sore, with slight burning and smarting, *now slightly on left side.*

Saliva runs from the mouth when she lies down, and, during sleep, is offensive (musty), staining yellow.

Throat seemed to be filling up during the night.

Talking causes a tired aching at the root of the tongue.



Can't lie on left side on account of fullness at præcordium; formerly, *the same symptom* prevented lying on the right side.

Exudation, now thin and white, with angry, fiery-red border on right arch of palate; yellowish-white coating on dorsum of tongue.

1. Throat troubles passing from right to left: Lyc.

2. Amelioration from warm drinks: Lyc.

3. Membrane white; Lyc. and many others.

4. Fetor—Lyc. and many others.

April 11th.—At 3.45 P. M.; Lyc.<sup>200</sup>, dose, dry.

April 12th.—Very much better.

April 13th.—Still improving; appetite “splendid.”

April 14th.—Slight relapse from going out yesterday, contrary to orders.

Lyc.<sup>200</sup>, half-hour, in solution, for six doses—completed the cure.

I couldn't find the symptom: “Pain in throat better by pressing the tongue against the teeth.” What remedy has this symptom?

In this case, did the *slight relief to the burnings* that followed the first dose of the solution of Canth. show that that was the remedy? Although the burning and smarting were less and the exudation was disappearing, the improvement was so much more rapid and the general condition of the patient so much better, after the first dose of Lyc. that it seems right to conclude that Lyc. was *the* remedy from the first.

#### CASE IV.—WHOOPIING-COUGH AND PNEUMONIA, CURED BY CUPRUM METALLICUM.

November 22d, 1891.—Girl, aged five and one-half years; thin, delicate, aggravation from two to three hours after going to bed until four A.M. Cough with whoop for one week; coughs in sleep sometimes; cough sometimes compels her to sit up; cough followed by crying; cough excites pain in throat; cough with vomiting of mucus; cough excited by crying; does not care to play; sits or lies about all day; cough with lachrymation; cough wakes her; cough excited by moving; holds the breath a long

time during the paroxysm of coughing. Râles at base of left lung posteriorly ; cough with rattling in chest.

Gave several remedies without relief until the 27th, when I elicited the symptom,

*Cough relieved by drinking cold water.*

This, with the rattling in the chest decided me to give *Cuprum*.<sup>200</sup> in solution, a dose after every severe paroxysm.

November 29th.—Very much better. Repeat as before. She received no more medicine, the paroxysms gradually becoming less frequent and less severe until they disappeared.

It is always best to stop the remedy *when the paroxysms of coughing become less severe*, even if the cough should continue in a mild form for weeks. The reason for pursuing this course is the fact that the cough is the *result* and not the cause of the disease. The same thing holds good with regard to any cough and many other morbid conditions. Continuing the remedy in such cases will almost invariably cause a return of the severe symptoms.

#### CASE V.—ARNICA IN WHOOPING-COUGH.

December 1st, 1891.—An older sister of Case IV.

Paroxysms of whooping-cough very severe :

1. With anxiety.
2. With vomiting of mucus.
3. — ecchymosis of conjunctiva of left eye.
4. — fear and loss of breath.

No relief until the 7th, when the symptoms were :

1. Crying before paroxysm ; Arn., Bell.
2. — after — : Arn., Bell., Caps., Cina.
3. Pain in chest during — : Arn., Bell.

These, with the ecchymosis decided in favor of Arnica, which was given in the 200th potency, in solution, after a severe paroxysm, with decided relief.

#### CASE VI.—ARSENICUM IN OVARITIS.

Woman, aged forty-one ; light complexion ; married ; seven children ; the youngest being five years old.

*Burning*, intense and constant, in *right ovarian region* aggravated by walking, ameliorated partially by lying down.

The burning sensation extends to the knee; is much worse at night, and is accompanied by a dull aching with heaviness. *Weakness* great from the waist down; *compels her to lie down* the greater part of the time.

*Anxiety* (concerning a member of her family) or any exertion of the body will cause a return of the burning and other symptoms. Dreadfully nervous and irritable; very weak and good for nothing; utterly discouraged and miserable, with a frequent feeling that *this trouble is my death-warrant*.

Sensation of something heavy and egg-shaped in right ovarian region, with occasional drawing pains; cramps and strange sensation in the right thigh.

*Restless before midnight*, lying awake a long time.

In the morning seldom bright and well. "Obstinately constipated."

From the 6th of April, 1889, to the 28th of July, 1890—i. e., a period of over fifteen months—the above symptoms were relieved by *Arsenicum*, ranging in potencies from the 200th to the 40m, as follows:

April 6th.—*Ars.*<sup>200</sup>, in solution, every hour, for three doses. This relieved until

April 26th.—*Ars.*<sup>200</sup>, in solution. Sent a few powders with directions to take one when the burning is very severe. Was relieved again until

May 2d.—*Ars.*<sup>1000</sup>, one dose, dry.

June 26th, 1890.—A period of thirteen months had elapsed since the last prescription.

Two weeks before the above date had a miscarriage, which was preceded by a profuse hemorrhage, commencing about midnight. Was the return of the ovary trouble caused by the extra pressure on the system during the pregnant state?

*Arsenicum*<sup>500</sup>, dose, dry.

July 5th.—*Arsenicum*<sup>500</sup>, in solution, every two hours for twenty-four hours, or until relieved.

July 28th.—*Arsenicum*<sup>40m</sup>, a dose, in solution, night and morning, until three doses are taken.



July 21st, 1892.—To my knowledge, there has been no return of the above trouble worth mentioning, although the patient is now far advanced in pregnancy with the eighth child.

*Comments.*—Among the *remedies especially affecting the right ovary*, we find *Æsculus-hippocastanum*, *Apis*, *Arsenicum*, *Argentum-nitricum*, *Belladonna*, *Bryonia*, *Ferrum*, *Glonoine*, *Graphites*, *Hamamelis*, *Iodium*, *Lachesis*, *Lac-caninum*, *Lycopodium*, *Natrum-muriaticum*, *Palladium*, *Rhus-toxicodendron*, *Saccharum-lactis*, etc.

Of these there are only two that produce a sensation of *burning* in the right ovary, viz., *Arsenicum* and *Belladonna*.

As *Belladonna* does not have the *mental symptoms* which are present in the above case, it cannot possibly be the remedy; and just as surely as *Arsenicum* has those symptoms, just so surely will it and no other be the indicated remedy.

In prescribing, we usually begin with the 200th, giving one dose, dry.

If this fail to relieve within a few hours (or a few days, in chronic, comparatively painless cases), we then give *the same potency in solution*, usually every half-hour or every hour, according to the urgency of the case, until about five doses have been taken, or until relieved.

If this be followed by relief, we *do not repeat as long as the amelioration continues*. When it ceases, we administer a *higher potency*, in the same manner as before—*i. e.*, first dry, and afterward, if necessary, in solution.

It may be profitable to compare the above symptoms with the pathogenesis of *Arsenicum*.

*Arsenicum* has, as *mental characteristics*: Anxiety, restlessness, exhaustion, and fear of death—all of which we find in our case.

It also has, "Thoughts of death and the incurability of her complaint."

The *Arsenicum* patient is "Irritable, discouraged, restless, and vexed about trifles."

The patient does not know how *weak* she is until she attempts to move, or to exert herself in any way. In the example be-

fore us, *any effort was followed by great weakness, compelling her to lie down.*

The inclination to lie down is very marked under *Arsenicum*.

*Burning* is exceedingly characteristic of this remedy, especially burning in the abdomen.

*Burning in region of right ovary*, and circumscribed swelling, we also find, as well as "Intense burning or tensive pain in the ovary, with great restlessness." Among its sensations are, as in the case before us, crampy pains, drawing and heaviness. *Aggravation at night* is likewise common to the remedy and the disease under discussion.

"Like cures like," and consequently *Arsenicum* being the simillimum, removed the symptoms and cured the patient.

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## CLINICAL CASES, WITH REMARKS.

EDWARD MAHONY, M. D., LIVERPOOL, ENG.

1. Miss D., aged thirty-four, March 17th, 1891, presents herself with the following symptoms :

*Moral.* Takes things quietly ; has had trouble.

*Head.* Once in six weeks severe headache ; better keeping quiet.

*Heart.* Palpitation on ascending ; no murmur.

*Back.* Easier with something pressed against it.

*Sexual.* Menses since thirteen, always excessive, with aching in back, especially lower part. Blood sometimes too dark. Lasts eight days ; only fifteen days between each period. *Before*, feels good for nothing. *During*, sleepless first night, must support back with pillow. Hot turns lately followed by perspiration ; faint, with sinking at epigastrium toward supper time. *After* menses feels quite well.

*Stool.* Costive since influenza, twelve months ago.

*Skin.* Easily perspires.

*General.* Worse in dull, foggy weather or spring. Used to be very thin, now plump. Had rheumatic fever following scarlet fever at the age of eight. Calc-c.<sup>200</sup>, one dose.

March 25th.—Feels brighter, back improved, also longer intervals between faints. Constipation decidedly better.

April 3d.—Severe headache day of last visit. Back greatly improved. Feels generally brighter. No symptoms of menses.

April 17th.—“Feels much better, much better.” (Own words.) No headache since. Has had menses, with decidedly less pain in back.

May 2d.—Recurrence of menses in fourteen days, no pain in back, profuse, one week; not the usual weakness.

June 9th.—Pain slightly in back three times. One period at an interval of seventeen days, with very little pain. Some return of constipation, with desire for stool. No headache since. Feels stronger and better in herself. Nux-v.<sup>200</sup>, one dose.

July 3d.—The above (Nux-v.) acted for two or three days. Return since of constipation, with, however, absence of desire. The bowels have been irregular since the drugging for influenza a year ago. She has now pricking in anus as of needles and pins and much itching at anus. Calc-carb.<sup>500</sup>, one dose.

July 14th.—Less constipation; pricking still or soreness after stool and itching of anus at night.

*Menses* profuse, prolonged three days, but not much pain; back wonderfully better. Felt weak for a short time; period only just over.

*Remarks.*—This patient received in all three doses of medicine, two of Calc. of different potencies and one of Nux for the symptoms mentioned. She has not been to see me since, but I have heard of her from immediate relatives, and know that, in addition to her required work, which is in the Post Office, she has had a most prolonged strain in helping to nurse her poor mother, who came to me for a short time with a fungoid wart in the rectum, but suffering at times much pain, and friends (?), of course, endlessly worrying her to have something done, she put herself under a practitioner of the old school, who performed endless operations, apparently cauterizing in some way, and she has suffered at least as much from this as from the original disease.

I mention the circumstance as indicating probably further



psoric or probably sycotic taint in the daughter (hereditary), and consequently the exceedingly satisfactory action of Calc., especially with the influenza drugging in addition.

2. Mrs. F., aged thirty-seven. The mother of six children. Had and has much hard work. Energetic, somewhat anxious temperament. Small; used to be stout, now somewhat thin.

Came to me May 7th, 1891. Haziness over eyes worse from reading or sewing.

One dose of Nat-mur.<sup>30</sup>, night and morning, for eight days, removed this, but she reappeared, December 23d, with the following symptoms:

*Chest.* Inward coldness working to the left and then gradually all over; occurring in paroxysms of two hours; feels faint with it; comes on twice a day; oppression at night.

*Sexual.* Menses absent since October.

*Stomach.* Pains nights, palliated by spirits; these she never takes except medicinally.

*Flatulence.* Pastry and potatoes disagree.

*Stool.* Constipation without desire.

*Sleep.* Lies awake, on right side or back. Dreams of work.

Drowsiness at 2 P. M.

*General.* Must have everything loose. Has taken Puls. for three weeks until a fortnight ago; this would be a low potency. On auscultation the heart-beat was rapid, with a clicking sound.

*Extremities.* Cold feet.

Considering the inward coldness and drowsiness at two o'clock in the afternoon were probably results of the Puls., and her temperament suiting it likewise, she received one dose of Nux-v.<sup>30</sup>.

January 1st, 1892.—Very much better, but still has afternoon drowsiness, constipation, and cold feet; also as new symptoms:

*Extremities.* Pain and coldness in the left arm.

*Fever.* Thirst for large quantities; tongue dry and hard; worse toward evening. Lycopod.<sup>200</sup>, one dose.

January 18th. All symptoms relieved except the drowsiness.

February 6th.—Complains of nothing, and on auscultation the cardiac sounds are normal.

*Remarks.*—In this case, again, one dose of each indicated medicine proved sufficient, first, to antidote the overdosing with Puls., and next to remove the symptoms (suppressed?) that then appeared. I should like here to indorse the experience of other colleagues as to the value of Nux and Puls., whether to antidote each other or previous allopathic prescribing; the distinction between them is so easily made in the moral sphere that there is no excuse for anybody not being able to make it, and for myself I may say that almost universally I give but one dose, usually 200, and the way it clears the ground and enables the true symptoms to develop is highly satisfactory. One can promise the patient improvement by the next interview.

3. Rennie G. Eleven and a half months.

January 9th, 1891.—After the administration of Corall-rubr.<sup>200</sup> for pertussis with red or black face, father reports: Whoops only once or twice, and that about evening. Difficulty in getting to sleep at night. Very fretful, and often coughs without whooping. Navel protrudes; has always been a rare screamer. (N. B.—The father is stone deaf since scarlet fever when five years old, so this is probably the mother's expression.) Inside tops of thighs red-raw for a long time. Points of teeth can be felt. Bell.<sup>30</sup>

February 12th.—Stools at times loose and most offensive. Soreness inside thighs better. Sil.<sup>30</sup>

March 6th.—“The medicine sent seemed to act like magic; for, next morning, he seemed quite like a new little man, and in a few days was fairer and fatter than ever. Now coughs violently and for long periods, with a sound resembling sneezing (the father, we must remember, is stone deaf), choking, exhausting. Has had most offensive vomit and stools, treated by Sulpho-carbolate of Soda.” Agaric<sup>30</sup>.

April 16th.—“So fat and rosy he seems none the worse for late illness.”

*Remarks.*—This case was treated, the family living about eighty-seven miles away, entirely by correspondence; hence there is not the careful note what symptoms are relieved or gone that one could wish. Still the Bell. had probably removed the

fretfulness, screaming, and difficulty in getting to sleep, or some reference would have been made to these.

The remarks on the action of Sil. are highly satisfactory, and make it the more regrettable that Sulpho-carbolate of Soda was interposed in the way it was.

As to correspondence cases, a difficulty I suppose most find is that patients will not, many of them, take the trouble to say how the different symptoms are as compared with previous reports. The public do not seem educated yet to this point.

4. August 11th, 1891. W. H., æt. forty. A miner. Not able to do much the last four years. A medium height, spare man, with reddish hair and whiskers. "Done feeling at times in the belly." Flushes of heat to face accompany his symptoms generally. Burning and heated sensations. Heaviness of head. Fullness after meals. Costiveness with alternations of loose stools, without desire. Potatoes and meat disagree. Weak in loins mornings. Frequent waking. Urine at times copious and light-colored. Worse in himself in damp weather. Liable to faints. Was under true Homœopathy four years ago with benefit.

*On examination* nothing abnormal in abdomen. Slight cardiac murmur. Sul.<sup>200</sup>, one dose.

25th.—After aggravation, improvement.

September 5th.—Had good-for-nothing feeling pass over him which seemed to spring from the heart. Is better in bed and when quiet; when moving about feels a kind of swaying in his body. The right leg is painful at times, weakness in both knees, aggravated by movement. Natr-mur.<sup>1000</sup>, one dose.

18th.—Better, hoarseness same night; heart greatly relieved, return of pain in right side, also eye symptoms (these had not been reported to me before). Small piles with, at times, severe itching; has had them larger with bleeding, causing great weakness.

October 10th.—Much better, heart not having plagued him much during the three weeks. Piles larger and more unpleasant for a day or two, but now smaller and easier, except at night on going to bed, when the itching is troublesome.



15th.—Since a wetting of feet and legs, pain in ankles and legs, and has had heart upset also twice. Two powders each, eight doses. Sil.<sup>30</sup>.

November 3d.—Took one powder only. Good-for-nothing feeling again and again.

12th.—Felt a great deal better. A great deal more energy since the 8th especially.

26th.—Feeling on the whole better, save good-for-nothing feeling now and again, though not like they used to be. Cold across loins. Sil.<sup>30</sup>, as above.

December 29th.—“Return of those nasty feelings.” Inclination to weep. Sil.<sup>50m</sup>, three doses.

January 22d, 1891.—Attacks are accompanied by passage of much colorless water. Lips sore and blistered. Sulph.<sup>50m</sup>, one dose.

March 5th.—Much better. Since catarrh two days ago pain across loins, tickling cough. Bry.<sup>cm</sup>, one dose.

*Remarks.*—In this case the action of the one dose of Sulph.<sup>200</sup> is distinct; also of Nat-mur.<sup>1000</sup>—hoarseness same night, heart greatly relieved, and then return of several old symptoms. The Sil. given in the 30th the second time would probably have been better in one dose higher, yet the three doses of 50m seem to have caused no bad symptoms. The last dose of Bry. was given in accordance with the remarks in Vol. I, *Chronic Diseases*, on page 166, on some of the accidents by which the cure of chronic diseases may be temporarily disturbed.

5. Mrs. H., æt. fifty-one; no children.

May 7th, 1891.—*Moral* and *head*. Low-spirited. Pain left occiput after food.

*Face*. Florid, swelling of forehead.

*Gastric*. Craving at night, satisfied by very little. In daytime little satisfies.

*Abdomen*. Pain left side as from incarcerated flatulence.

*Stool*. Costive.

*Sexual*. Menses, scanty, many years, pain most at bottom of stomach.

*Extremities*. Cramps at nights when warm in bed, feet burn.

*Sleep.* Sleepless, frequent waking.

*General.* Worse in morning and from damp.

Had fever and ague twenty years ago in New York.

Is tall, stout, flabby. Sulph.<sup>200</sup>, one dose.

14th.—Return of old trembling in the left side. Head improved, abdomen, limbs, sleep, all better and stomach symptoms.

26th.—Return of old pain in back; trembling still. Sleep not quite so good. Sulph.<sup>400</sup>, one dose.

11th.—Pain across loins most on left side, with thick urine (an old symptom not felt lately). Return of occipital pain also; sleeps better, but rambles a good deal; wakes unrefreshed. Burning in soles of feet.

Considers herself almost well, had placebo, and has not returned since.

There seems nothing to remark here, but the unvarying tale that if antipsorics are administered in this style, they cure, cause temporary aggravations, and temporary return of old symptoms.

6. February 25th, 1891.—Miss J. Sores in mouth treated by washes. Acidity. Aversion to meat. Desire for milk. During the last twelve months has used lotions occasionally to mouth. Takes much salt. Temperament nervous, much mental work, being one of the heads of a large scholastic establishment. Nux-v.<sup>200</sup>, one dose.

March 18th.—Improved in all ways. An attack of diarrhoea a week ago lasting some days.

Is worse in herself in damp weather. Trifles disturb. Calc-c.<sup>200</sup>, one dose.

July 15th.—Wakefulness early night, constitutionally, aggravated now from over-mental strain. Sep.<sup>30</sup>.

November 5th.—The above relieved the wakefulness in a short time. Now, heaviness everywhere, with stiffness in joints generally. No general symptoms, but purposes a visit to Buxton for the mineral waters. A few doses of Nux-v.<sup>30</sup>, followed by Calc-c.<sup>30</sup>, however, enabled her to continue her duties and in a few days she was restored to health without the inconvenience and expense of the proposed change to Buxton. This case again

illustrates the power of one dose of Nux-v. to change the system after twelve months of local applications, and its action was further proved by the diarrhœa of some days followed by improvement in all ways.

7.—Miss J.

August 5th, 1891.—Has had influenza three times, last time in July, treated allopathically. Present symptoms :

*Stomach.* Tongue coated, anorexia.

*Stool.* Two or three per day, loose.

*Averse* to sugar, meat. *Likes* salt always.

*Sexual.* Menses too frequent, copious, pain left ovarian region.

*Skin.* Perspires much.

*Sleep.* Dreamy, unrefreshing.

*General.* Worse in damp, hot weather, better in frost, or chilly air. Has had Quinine. Natr-mur.<sup>200</sup>.

6th.—Same night, violent aggravation, neuralgia one hour, (trigeminal), then suddenly ceased.

20th.—Distinct improvement. She writes, "I got quite a start for the better after the reaction of the first dose passed off. I find it difficult to distinguish between the effects of the medicine and my own symptoms. \* \* \* I had a turn of feverishness and shivering which lasted more than twenty-four hours and passed off with a perspiration. The shiverings were so much as to wake me out of my sleep, and I took a weak dose of Acon. which relieved me. That is the only time I have had recourse to any other remedy. My appetite is decidedly better. \* \* \* I am sleeping better, but dream tremendously, generally such possible dreams that I hardly know if the things have happened or not, perhaps only know I have slept because I have dreamt, and get up unrefreshed and tired with the night's experiences. For the last week I have had a noise in my ears like the whirr of machinery. I did not notice it at first when lying down but now have it night and day. Frequent frontal headache and my eyes feel hot under the lids; my hair falls out very much and my back and legs get very tired and stiff; often have a pain in my back under the shoulders. A little exertion makes me very tired and I seem to get a slight cold and then this pain and



stiffness from the waist all down to the calves of the legs, but all this is only what I had for three or four months after the influenza last year." All this, it is to be observed, was the result of two globules per night of Nat-m.<sup>200</sup>, from the 5th to 20th of August. I then sent placebo and the next report is:

September 18th.—Aggravation continued so much that she stopped the medicine (placebo). Menses less profuse and somewhat less painful the first day, but was very poorly afterward, and exhausted; gets, also, neuralgic headache now, and hands are sometimes very burning.

Continue placebo.

October 24th.—"Felt so well did not write sooner." After a while stiffness went and indigestion almost, and in every way has been very much better. A little return of indigestion since last week, but nothing fresh. Had a fall which caused some pain, especially in left side, on which she fell. Continuous headache, since 21st, in forehead; also, the last few days, occasionally burning in hands, but much less often since last time of writing. Nat-mur.<sup>1000</sup>, one dose.

January 16th, 1892.—Reports: From piercing wind, roughness, and pricking in throat, then violent cold in head, sneezing, etc., most of evening. Cough wheezy. Used to be very subject to this kind of thing. Has taken Acon. and Merc. States that left lung used to be tender and susceptible; likes salt, dislikes meat and sugar. Phosph.<sup>200m</sup>.

I did not hear again, but early in February she brought a friend to see me, and took the opportunity of saying that she was now quite well.

*Remarks.*—The aggravation sharp and short, the same night after two globules Nat-m.<sup>200</sup> is interesting, as also the prolonged aggravation from several doses. Had she been within reach she should not have had the opportunity of this, but, not being able to see her after the first time, I ventured the repetitions. I do strongly feel that, considering how we are situated with regard to many of our patients, the question of repetition is a most difficult one. I feel much inclined to indorse the opinion of the

late Dr. R. R. Gregg, that it is *the* most difficult question in Homœopathy.

F. L. A young servant girl of about eighteen, whom I had previously cured of two nasal polypi which used completely to block the nostrils when swollen with catarrh.

She wrote, on January 26th, 1891, with, among others, the following symptoms: Can't lie straight in bed, the bed not seeming strong enough to hold her, but gets better after a time. Headache, mostly on the temples, and on stooping ever so little a terrible pain on the top; also on going up-stairs. Swelling of the ankles on rising in the morning, making it very painful to walk, especially to go down-stairs. "I seem unable to bend them, the legs the same all the way up, and I don't quite lose it all day. My knees, too, are so sore, causing pain on use. Altogether, sir, I feel regularly done up, and would gladly be quiet, not to see or speak to any one. When I do sit down, it's the greatest hardship to move again, and I am so irritable, scarce knowing how to bear myself." Sil.<sup>200</sup>, one dose.

*Remarks.*—This one dose cured, and I have not been applied to since. This case is another confirmation of the Sil. symptom, swelling of the ankles in the morning, and on that account seems worth recording. The peculiar mental symptom of the bed not seeming strong enough to hold her I am not acquainted with, but Canth. has sensation as if would fall through the bed, which seems very similar.

M. E., a cook, at the Climacteric.

January 9th, 1891.—Nausea from all food and continuously. Pain through left chest backward occasionally. Palpitation severe at times. Headache. Menses absent six weeks. Ipecac<sup>200</sup>.

12th.—Better in all ways. Nausea went in twenty-four hours. Return of an old pain in the left side of the back. Better from rubbing. Also worse in bed. Return of heart throbbing. This throbbing had occurred previously on October 13th, 1890, and is thus recorded: Heart at times throbs very quickly, and all the body in unison with it, generally in the afternoon, and lasting about three hours. She then received Tellurium<sup>6</sup>, three doses, one night and morning, and reported on November

5th : The throbbing does not come on so often. A fortnight ago hysteria and faintness came with something else (period), but in a day or two it passed off, leaving some pain and inconvenience the remainder of the week, but less than usual. Bearing this in mind, she now got Tellurium<sup>6</sup>, eight doses, and reported in a week. Sickness and pain inside gone, appetite better. Lower back very weak, difficult to rise from a stooping position. Calc.<sup>200</sup>, one dose.

January 30th.—“My usual health is again restored.”

March 12th.—Return of nausea and headache, though not so severe. Has tried Ipec. (potency not stated, but probably low) without benefit. Ipec.<sup>1m</sup>, F. C., one dose.

No further treatment was required until after a cold she reported, June 21st, rawness on breathing; cough, restless nights. Sulph.<sup>200</sup>, eight doses.

July 2d.—Chest much relieved; weakness terrible. Nil.

October 7th.—Again from cold, shooting pains in malar bones and chest. Sul.<sup>30</sup>, for one week.

13th.—Cold wonderfully relieved, but strength greatly reduced. Calc.<sup>30</sup>, one dose.

27th.—Much stronger. Pain from heel right up back of legs; heat, especially right side. Puls.<sup>200</sup>, eight doses.

November 28th.—After amenorrhœa seven months, had a return for two days, followed by vomiting, with pain from lower spine to top of head. Lach.<sup>30</sup>, eight doses.

30th.—Menses returned yesterday.

December 8th.—Only trouble now, weakness. Joints all feel loose. Stram.<sup>200</sup>, eight doses.

Nothing further was required until the 3d of the present month, March, when she reported: Following a stiff neck on the right side, a sore spot immediately above the collar bone, very sore to the touch, and on drawing a long breath causes pain. Underneath right shoulder-blade a pain, this last is new to her. Chelidon<sup>200</sup>, one week.

March 8th.—Neck nearly all right, soreness too; previously had no power to lift head from pillow. Only took one of the powders. Pain under right shoulder-blade better. Yesterday



and to-day (7th) felt sickly with headache. On the ground of its family relationship, a few doses of Nux-v.<sup>200</sup> were sent and she was soon all right.

*Remarks.*—My principal reason for reporting this case is its confirmation of the characteristic Tellurium symptom, Palpitation of the heart and general throbbing through the whole body with fullness of the pulse. Tellurium also has caused premature menses. The weakness induced also by Sulph. when repeated though in such different potencies, 30 and 200, is interesting, especially as there was no appreciable aggravation of symptoms from other medicines.

H. I. M., æt. seventy-seven. This gentleman is a good illustration of Anglo-Indian life as found among Europeans, having returned to this country after some thirty years in India, where he had decided sunstroke, and got his system saturated with salt, having been engaged in government salt works. This eventuated in thorough depression of the nervous system and complete loss of sexual power, after having been the father of five or six children. He got considerable relief from treatment at my hands, including return of sexual desire, which had been absent many years, and again applied to me.

April 13th, 1891.—Stating that he had been under a local homœopath in the town in which he resides for bronchitis, and made a good recovery, but was now suffering from confusion of mind from reading, with depression of spirits. Coccul.<sup>30</sup>, twice a week, eight powders.

28th.—Aggravation followed by relief. Nil.

May 28th.—Quiet, steady accession of strength and flesh. Confusion of brain still with forgetfulness of names. Puls.<sup>200</sup>, eight powders, one twice a week.

June 17th.—“In almost every respect in the best of health.” Mental depression from loneliness. Aur.<sup>30</sup>, four powders, one per week.

July 4th.—After three powders all traces of the long-continued painful depression have quite disappeared; in fact, he feels in all respects well. Memory going especially for names. Four powders of Lycopod.<sup>30</sup>, one per week.

August 27th.—Dread of mind giving way, from being lonely,

spiritually, and general aggrieved feelings. Sullen mood. Feeling of being abandoned. At times foolishly merry (an old symptom). Low voice, indistinct, worse on raising his voice, which often causes tremor of speech. Carb-anim.<sup>30</sup>, one per week, four powders.

September 26th.—Depression gone. Memory flighty and fluctuates, for names especially. Frequent huskiness of voice, with, at times, difficulty, of audible expression. Aggravation from hot weather. Graph.<sup>2000</sup>, one dose.

November 14th.—Memory improved, though having had much domestic worry. Has "an active eruption of scabies on both legs below knees." Graph. rep., one dose.

December 10th.—Much domestic worry leaving weakness. Eight powders, Staph.<sup>200</sup>, one twice a week.

January 25th, 1892.—Again complains of loss of memory. Eight powders, Conium<sup>200</sup>.

February 10th.—Powders were acting favorably on his memory when he got lumbago from a draught of air; took Bry. and Nux-v.

*Remarks.*—It will be observed that in this case the symptoms prescribed for were purely mental and moral. This was because other symptoms were not reported, and shows how much can be done even in very imperfectly reported cases, and in the aged with evidently failing vital powers if only something like characteristic symptoms can be found. The action of the Aur. is instructive and still more the return of the scabies eruption, his own words, after the one dose of Graphites.

Mrs. W——; widow; two children; æt. forty-one.

This lady is of Jewish extraction. Her mother is living, at the age of eighty-two, and hearty in many ways. One brother, of neurotic temperament. She, herself, highly nervous. Her husband was ordered to New Zealand for consumption, whither she accompanied him. He died there, and she, shortly afterward, was put in an asylum; an action she resents even now in the strongest way as unjust. She was, on recovery, said to be consumptive, and ordered back to this country on that account. She consulted me.

March 10th, 1890.—On auscultation, slight dullness both

apices anteriorly, and at left apex where it was said the mischief was, was roughness on inspiration and expiration. Pain at left apex comes and goes suddenly; worse from touch. Hot feeling there. *Face*, flushes of heat at times.

*Stomach*. Sinking at epigastrium eleven A. M. six months. Rush of blood to head.

*Moral*. Irritable; nervous. Neither now nor at any time since have there been delusions or signs of mental defect.

*Sexual*. At the end of last November, menorrhagia, lasting three months, with copious menses at the usual time. Sulph.<sup>200</sup>, one dose.

21st.—Appetite greatly increased. Inward bleeding piles yesterday, relieving the head, and pain in left foot. This last she has not had for some years. Looks and feels better. Sinking at epigastrium has been worse. Pain in left chest is worse. Nil.

April 21st.—Slight roughness of respiration at affected spot. Sinking at epigastrium less; pain in left foot gone. *Menses* appeared March 23d; copious; she was weak toward end. Sulph.<sup>400</sup>, one dose.

May 12th.—For two or three days increased irritable feeling with inability to think, also trembling of left arm and one leg. She now informs me that before and since her last confinement, about four years, she has had varicose veins on the left side, and itching of feet. Perspires most days. Is worse in damp weather. Has lost one stone in three weeks. Used to be plump. Calc-c.<sup>200</sup>, one dose.

June 2d.—Felt almost well until five days ago, when great prostration came on until yesterday evening; better to-day. Warm things relieve the head.

Return of an old pain in the chest the day before yesterday and phlegm at top of throat. No medicine.

June 23d.—Return occasionally of an old facial neuralgia. Pain in right chest similar to what she has had in the left chest. Weaker. Has gained flesh. Calc.<sup>200</sup>, three doses.

July 14th.—Did not begin the medicine for a weak. *Menses* were on at the time of her visit to me, and lasted a fortnight. No medicine.



August 11th.—Languor at times. Menses, followed by colored matter, with itching (new).

Gnawing and clutching at epigastrium before meals. Acid-phosph.<sup>200</sup>, one dose.

September 8th.—Had a great sinking at epigastrium the evening of the day on which she had the Acid-phosph. Languor ceased. Return more severely of pain at left apex, also a pain in back. Bleeding hemorrhoids day before yesterday. Menses copious and weakening, but no itching. Sinking at epigastrium, better from food. Sulph.<sup>50m</sup>, one dose.

October 2d.—Appetite good. Does not feel languor and sinking at stomach; has had neuralgia. Occasional severe pains at chest. Before menses, last week unusual pain in back and neck, blood-vessels of latter seemed almost bursting; heart thumping, one evening, sounded to her like the loud ticking of a clock; greatly relieved when menses came on (all this new). For a few days was most unusually ill. Iodium<sup>200</sup>, one dose.

November 3d.—Sound like bellows in the left ear with palpitation. Great pain at upper back. Pain in chest. Nervous dread of horses since being frightened by them nearly four years ago. Pain at angle of right scapula. Small, reddish patch left side of tongue. Hairs turn gray. Chelid.<sup>200</sup>, eight doses.

20th.—Pain in back gone in a few days. Feels very much better. Chest pains gone. Feels a nervous restlessness; must be doing something; long in getting to sleep at night; brain too active at the wrong time. Night before last a spasmodic pain in the left side of the head, for an instant, similar to what she once had in New Zealand. Nose bled twice two or three days after seeing me. Hairs turn gray. Fright from horses at four years of age. Lycopod.<sup>200</sup>, one dose.

January 27th, 1891.—After disagreeable interview with a friend return of pains. Staph.<sup>200</sup>, eight doses.

February 5th.—After medicine pains in knee, then thigh, extending to hip; now gone from these and in neck, extending on movement to right shoulder-blade. Anorexia. Great weakness. Constipation, with strange sensation in head; took salts which

did no good. Frightened at the constipation, as this preceded the previous illness in New Zealand. Puls.<sup>200</sup>, one dose.

August 29th.—Day before yesterday upset from returning to old associations, relieved by a good cry. At times, after worry, bleeding piles. Menses every five weeks, copious. Neuralgia still in right side of face, relieved by reading or other mental work, which causes drowsiness. Pain at one spot on forehead. Ign.<sup>200</sup>, one dose.

*Remarks.*—This case is interesting in several ways: 1. There is no family history on either side, that I can discover, of consumption; hence, the question naturally occurs, did her husband infect her? There is nothing else to put down as the cause of the apparently commencing tuberculization, as her surroundings immediately preceding its onset were, on her husband's account, such as would tend to throw off, rather than induce, such a condition. 2. Her husband having phthisis, is ordered to New Zealand, and dies—she, having the commencing symptoms of it is, on this account, ordered to England and lives. She has, too, been through the unusually severe weather that has marked the last two winters, and the preceding spring also, and thriven; has been, too, within forty miles of Liverpool the whole time and *not* in the milder climate that, according to theory, such patients should have. 3. The treatment has, as will be noticed, entirely ignored names of disease and pathological indications, and each medicine was given because symptoms pointing to that medicine were prominent. This, as should be, according to the law, while benefiting caused return of old and, no doubt, suppressed symptoms as the pain in the left foot after one dose of Sul.<sup>200</sup>, pain in chest after one dose of Calc.<sup>200</sup>, also neuralgia, facial. The prompt aggravation after one dose of Acid-phosph., followed by removal of languor and return of left apex pain is also instructive. She has been practically well, doing fair work, both mental and physical, and has needed no treatment since the last entry, August 29th, 1891, and I heard of her only yesterday (March 31st), through her brother, that she considers herself, and is considered by her friends, well. I regret not having examined her chest again since the improvement noted, but the last several consultations were by correspondence.

Mrs. S——, aged about fifty-five. Consulted me last June for early waking with active thoughts. Restlessness, slight noises disturb. Has taken Mercurius with benefit, but the sleeplessness continues. Urine thick at times. Tongue, ashy posteriorly. Calm temperament. Opium<sup>30</sup>, eight doses, one each night.

The one prescription cured.

*Remarks.*—This is a short case—but the prompt action of the Opium given on the two-fold indication of disturbance from slight noises and a calm temperament was in every sense satisfactory. I have known this patient many years and treated her at intervals for various little troubles, but calmness is the index of her mental condition, and, according to Lee's repertory, there is only one other medicine, namely, Veratr-a. having this calmness characteristically, and it is easily distinguished by other symptoms.

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## AN OPEN LETTER.

### "DR. WESSELHÆFT THROWS DOWN THE GAUNTLET."

There appears in the *Homœopathic Recorder* for November, 1892, p. 254, a letter from Dr. Conrad Wesselhæft to the publishers, in which he takes great umbrage at what I said in a paper to the I. H. A., "Is there a law of similars?" published in *THE HOMŒOPATHIC PHYSICIAN*, p. 448, of last year. In this paper I said that I could not recommend Dr. Conrad Wesselhæft's translation of Hahnemann's *Organon*.

It seems to me that I have read somewhere, or that I have heard some one repeat, that a certain reformer on a certain occasion said to those around him, "Where much is given, much would be required; but where little was given, little would be required."

As I do not live in the "Hub," and stand upon the great pedestal of knowledge around which the whole universe revolves several thousand times each year, but in a little town on one of the great Western plains, it seems to me that it would



not be asking too much if I claimed protection under the second clause of the above.

I will state that I wrote out the circular, sent it to the printer, that in due time a proof was returned, which I corrected and sent back, then devoted my spare time to the directing of envelopes; and when the circulars came in my folks folded them and sent them away as fast as possible. I did not examine the circular, supposing that it was correct, until my attention was called to it by one to whom it had been sent, when I found that my corrections had not been made, but others introduced which were much worse.

The circulars had been sent all over the country, and it would be impossible to recall them, and as I had nothing whatever to do with the printing or the miscorrections of the circular, I let it pass for what it was worth; this is all the explanation I have to make regarding it. I am quite sure that I mailed one of them to Dr. Conrad Wesselhœft at the time, and will say that he need not go to so great expense for its preservation as I will send him one at any time if he will send me one cent for postage.

If I said anything about his "translation" being a failure *as to sales*, I had no intention of doing so, as I knew nothing about how many of them had been sold, but in a foot-note the publishers say "For the year ending October 1st, 1882, the sale of *The Organon* amounted to five hundred and twenty-three copies. Of these half were sold through Boericke & Tafel, Chicago."

But they do not tell us how many copies have been sold up to October 1st, 1892. I am well aware that two colleges have demanded that their students should supply themselves with copies of *The Organon*, and as there were no other edition available they were *compelled* to purchase that one. Now is there any more evidence required than *their own* to prove that it was a failure as to sale?

Now if I can figure it out correctly, this would be one copy to a little over four hundred of those who are claiming to practice homœopathically. To make it go around they would have to

serve it as "the old fellow" did his Bible: give each a part of a leaf.

My opinion was formed as to its failure largely by the value which was placed upon it by those physicians who had purchased it, many of whom were in possession of the old "*Allentown Translation*," which they prized so highly that they kept it under lock and key, whilst they offered to sell "my translation" for the munificent sum of fifty cents, as they had no further use for it.

I am well aware that there are some errors in the old edition, "But with all thy errors, I love thee still." Let me ask, why does Dr. Conrad Wesselhœft, if he made an independent translation, *copy* those errors?

It has been my private impression for a long time that Dr. C. Wesselhœft *did not* make a translation of *The Organon*, but *copied the old editions* as far as it suited him, and garbled the rest, so that neither he nor any one else could make anything out of it, and it is not my belief alone. Perhaps we are "deficient in intelligence or education, or both."

"I accepted the duty of translator entirely at Dr. Hering's most urgent request, and never heard a word of dissatisfaction during the two years in which Dr. Hering had my manuscript in his hands, regarding which we corresponded freely in the most friendly manner."

All that I have to say upon that subject is, that Dr. Hering told me in his own office that he was not an English scholar, and that he had no time to perfect himself in the English language, and that he transacted his business and did his writing in the German language, which was good enough for him.

"When it was finally published by your firm, my translation also received Dr. Dunham's unqualified indorsement, as well as that of others whose opinions are weighty."

As he does not tell us "whose opinions are weighty," we shall have to pass them over for what they are worth.

If my memory serves me correctly, Dr. Dunham died the morning of February 18th, 1877, some several years before "my translation" was published, and if Dr. Dunham gave it

his "unqualified indorsement" he must have done so through some of those spirit mediums which were so plenty in the "Hub," and if so he must have changed his views most remarkably from what they were when I had the honor of his acquaintance.

"The present enthusiastic praise of the old edition is absurd in the face of its former condemnation by the purest of the pure."

Will you please tell us to whom you allude as "the purest of the pure"? Then perhaps we may be able to form our own opinion.

"To say that if my translation is correct then all others he has seen are certainly incorrect is proof that he is incapable of understanding any of them, as they all say the same thing, each in its own manner of expression."

This is just what we do not want, we want the "expression" just as Hahnemann gave it.

"This will be found to agree perfectly with the German text, of which my critic is entirely unable to judge, and is guilty of an intentional insult unless he can point out my errors. This I challenge him to do."

Perhaps he (Dr. Conrad Wesselhœft) has forgotten what the late Dr. Ad. Lippe said, viz.: "The mistranslation of Conrad Wesselhœft, in which to find a shadow of Hahnemann's teachings would require a better microscope than has been invented." (See HOMŒOPATHIC PHYSICIAN, Vol. I, p. 139, and the allusions in other volumes concerning it.)

To point out his errors would be to rewrite the whole *Organon*, which I have not time to do. When any one translates another's writings and foists them upon the public as the original, he should do so as perfectly as possible or else he has no right to call it a translation. This Dr. Conrad Wesselhœft has not done, nor can he make others believe that he has done so.

"There are some that make capital out of the pretense that they possess a key to the mystery, which is discussed and still more profoundly mystified in their *Organon* meetings. Dr.



Haynes is a first-rate example of those who have been hopelessly gulled by such influences."

He was never "gulled" by "my translation," for he put it down as a first-class humbug after its first reading, and has seen no reason to change that belief up to the present time, and he is not alone in thinking of it in the same way. There may be others who are "still more profoundly mystified," but I have never heard of them until told so by Dr. Conrad Wesselhœft.

"To those who have really read it, *The Organon* is one of the best written and logical books in the world."

I will admit that as true, providing they have "it" as it was promulgated by Hahnemann himself, and will go a little further, and say that its equal was never written by man, and that the person does not exist, and never will, that can practice true Homœopathy who has not first made himself familiar with *The Organon* as Hahnemann wrote it; hence, the eclecticism that is being palmed off as Homœopathy.

"Without such qualifications the reader wastes his time, which he might employ more profitably in the hay-field or the shop. So much for intelligence and intelligibility."

If Dr. Conrad Wesselhœft will place his communication in the hands of some little school girl, who is attending her first term in the primary department of any of our common schools, she will very soon point out to him who has the best title to the hay-field or the shop.

"Drs. Stratton, Dudgeon, and I have done the best we could, and I am sure that both of the other translators would agree with me that if a member of the I. H. A., or any other man, is unable to understand our translations, the fault lies in his deficient intelligence or education or both."

This may be true, but as we were not all educated in the "Hub" we must be allowed to see things somewhat differently, and especially upon the subject of "my translation" of what he calls Hahnemann's *Organon*.

If the whole profession were so profoundly satisfied with "my translation," why did the American Institute and Congress pass an *unanimous* resolution asking Dr. Dudgeon to make *another*

translation of *The Organon* together with notes and comments? Was it simply done for buncombe? Did they intend to throw off on him as soon as it was done or was it done in good faith?

Another very serious objection to "my translation:" When Hahnemann wrote his different editions of *The Organon* he added notes, and more especially in his fifth edition. These he placed *under the sections to which they belonged*, and called attention to them in the text as he passed along. These notes were his latest thoughts up to the time of its issue; many of them are of great importance as much or more so than the text itself; for they *explain the text*.

In "my translation" this has not been done; they are placed at the *back of the book where they will not be seen*, and no attention is called to them *in the text*; they are jumbled up—e. g., (2) 6; (10) 22; (150) 289, etc., all through them.

Sections 293 and 294 are placed at the extreme end of the volume. In these Hahnemann called particular attention to the subject of Mesmerism, telling his readers that without great care in attempting to use such a powerful influence they were liable to do great mischief and cause an irreparable wrong.

*Was this as Hahnemann intended it should be done?*

I am willing to admit that it is not the easiest thing in the world "to find out just what Hahnemann has said," and I would be very much pleased if, by fair means, I could get possession of the *unpublished papers which were left by him*.

I think that I am very well supplied with different copies of *The Organon*. I have the second, third, and fifth editions, and the Lutze editions in German, the old Allentown translation, the Stratton translation, the pretended Conrad Wesselhœft "translation," and all that has been published of Dr. Fincke's translation (up to section 284) published in the *Journal of Homœopathics* by Dr. Hitchcock, and should Dr. Dudgeon make another translation I shall endeavor to procure a copy of that also.

In early life I inherited a pair of German shoes (ein paar Holzschuhe), and I found by wearing them awhile each day that after a time I could spell out a few words of the German language, and by diligently wearing them after a considerable

time I could translate some of the sections of Hahnemann's *Organon* that were at least satisfactory to me, but to satisfy myself still further I procured the services of a German (who had spent twenty years teaching in the colleges at Heidelberg and some fifteen years teaching in this city what were called the higher branches of the German language) to make translations of a number of the sections from the Fifth Edition of *The Organon*; these I compared with the sections that were translated by Dr. Fincke. I found them to agree in every particular, and perhaps I could have done so with the Dr. Conrad Wesselhœft's "translation" if I had a pair of spectacles that had been made in Boston; but I could not without them. By these comparisons, and those that I have been able to make, I can but think that Dr. Fincke has made as honest and true translation as is possible.

These are my reasons for wishing to see Dr. Fincke's translation published, as well for my own use, as to have a perfectly reliable translation that we can put into the hands of our students from which they can learn how to practice true Homœopathy.

I would recommend that every homœopathic physician supply himself with a copy of *The Organon* in the German language, and by some little study and comparisons with different translations, he will soon be surprised to see how *The Organon* will explain itself to him. And I will say to Dr. Conrad Wesselhœft: Come on mit your "Corrigenda."

Very respectfully yours,

J. R. HAYNES.

264 N. ILLINOIS STREET, INDIANAPOLIS, IND.

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DR. MILTON JOSIAH ROBERTS has opened a Private Home, at 122 West 71st Street, New York City, for the special treatment of patients afflicted with deformities, diseases or weaknesses of the spine, as well as joint and bone diseases generally, also other deformities and disabilities of the body. All the comforts of an elegant and quiet home afforded.



THE  
HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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EDITORIAL.

HAMLET'S APOSTROPHE TO MAN.—"What a piece of work is man! How noble in reason! how infinite in faculty! in form and moving how express and admirable! in action how like an angel! in apprehension how like a god! the beauty of the world! the paragon of animals!"

This brilliant apostrophe of the immortal Shakespeare to man, so well known to every lover of the play of Hamlet, must strike a responsive thrill in every human heart. For in our adoration of ourselves and our consequent admiration and pride in humanity in general, we are all optimists. In the contemplation of it our self-esteem is satisfied, our vanity gratified. Meaner minds show the vividness of this sentiment within them by their offensive self-assertion, and their contempt for the lower animals; not hesitating to visit upon the latter cruelties and outrages the most atrocious without the slightest misgiving of the unrighteousness of the act or the possibility of retribution. Nobler minds, under the influence of the same sentiment, call up in imagination the great concourse of brilliant men who have figured in the world's history: warriors and statesmen, poets and musicians, sculptors and painters, inventors and discoverers.

But every medal has its reverse; every sunlit landscape its shadows. If we remember with enthusiasm the achievements

of great men, especially those who have most benefited the world, we must also remember the fierce struggles which nearly all of them have experienced in order to get their ideas understood, to say nothing of having them accepted.

All of us are familiar with the stories of many of these men, and we recall with the crimson blush of shame and anger the persecutions of the founder of our system of medicine.

The human mind is so far the creature of habit, it is so deeply steeped in indolence, it is so incapable of investigation, it is so troubled with timidity that it has an instinctive aversion to any new idea implying change and the abandonment of established routine. This constitutes the *littleness* of the human mind, and renders it more subservient to those natural laws which govern lesser organizations. The Darwinian law of gradual evolution which pervades the animal and vegetable kingdoms generally governs it almost to the exclusion of its Divine intelligence and judgment, so that whatever principle of progress or elevation is presented to it must have traveled step by step through the most painful and vexatious stages of delay before it will accept it. When, on the other hand, an idea, however grand and true and noble, springs ready-formed from the brain of some brilliant man, and, ignoring the slow steps of evolution, stands forth claiming recognition, its temerity in disobeying this law of evolution is promptly punished by a refusal to give it consideration. The human intellect objects to listen or it interrupts with frivolous commonplaces; or it disputes with exasperating sophistry, or it persecutes savagely, and so it manages to rear an intellectual Chinese wall of obstruction by which it shuts out all knowledge of new ideas, new discoveries, or new inventions.

Every discoverer who has tried to introduce his new idea and been rebuffed, every disciple of our school who has striven to practice the laws of the similars conscientiously has felt the truth of these observations keenly.

According to the view so presented we need not wonder that progress and improvement are so slow.

Let any gifted mind bring forth a grand conception of the

mechanism of nature's works, and immediately, for the foregoing reasons, a storm of opposition is aroused. Later the storm is stilled, and a band of disciples gathers around, and then the idea has to endure yet another struggle for existence among its professed followers. A considerable number of these followers, incapable of a single original thought, but well equipped with that very common gift, censorious criticism, arrogantly dispute the terms of the discovery, impertinently offer to correct the great mind that conceived it, and boldly offer an emasculated substitute, thus making of it an object of scorn to all spectators.

Those of our school who industriously seek the simillimum, conscientiously apply it, and courageously wait its action in desperate cases, are so filled with the conviction of its truth and of its beneficent results that when they meet their conversation is an enthusiastic exchange of experiences. When they see their treasured principles hampered in progress, and themselves dishonored by the hostility of the dissenters in their own ranks, they may well exclaim in the language of Hamlet, but in the voice of sarcasm, "How noble in reason! in apprehension how like a god!"

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## INTERNATIONAL HAHNEMANNIAN ASSOCIATION MEETING OF 1892.

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### CLINICAL CASES.

G. POMPILI, M. D., ROME, ITALY.

CASE I.—The family of Mr. A. L. F., of Boston, lived in Rome for many years. On December 22d, 1876, I was called to attend Mrs. F., who was seriously ill, and had been for more than six months, from the effects of a cold which had produced much intestinal disturbance, resulting in an obstinate diarrhœa. There had been also a suppression of an eruption (*acne rosaceæ*) which had covered the face for several years. I believe that a single dose of *Dulcamara*, given at the time, would have



brought back the normal condition, and made a cure. But the family physician was a mongrel, one of those self-styled homœopaths, who, not valuing the instructions of Hahnemann in all their minute parts, lose the mariner's compass and fail to find the similar remedy. So, many other remedies were administered, but without effect, till the hot season coming on, the family left Rome. The Roman physician recommended a physician from Naples, another mongrel, who continued the same treatment without having any regard to the precepts of *The Organon*, and the principal remedies were Scorza ris parinio (?) in low dilutions and Calc-iod., second and third triturations. These were wholly ineffectual, and the poor invalid returned to Rome in October in worse condition than when she left, and under the former doctor the old methods continued, the patient always growing worse. As I have stated, I was called December 22d, 1876. I found her in a truly pitiable state, which seemed to give little hope of life: Pale, emaciated, with rapid pulse, great thirst, and sunken eyes, and prostration to the degree that movement was impossible without the aid of two attendants to help her. The necessity of frequent change of position, especially at night, and the distress which the great emaciation gave her in whatever position she could be placed, gave her almost no opportunity to sleep. The chief characteristic expression of the affection was found in the intestinal evacuations, neither liquid or watery, but constituted one mass, in part cylindrical, in part pultaceous, of matter all undigested and smeared with blood. The food, which consisted almost entirely of meat, was evacuated almost as it was swallowed, and appeared like meat wrapped up in light, bloody mucus. With a mental glance at our materia medica, and without great consideration, my mind fixed upon Phos., and I gave this remedy for three successive mornings. December 22d, 23d, 24th, a dose of five globules of the 2c each morning. A decided improvement appeared. All the symptoms were alleviated. The evacuations began gradually to occur regularly, and strength by degrees to return. And here I wish to note a gratifying coincidence which confirmed my selection of the remedy. Before I

was called to Mrs. F. her husband sent to our excellent colleague, Dr. W. P. Wesselhœft, who had been his family physician in Boston, a statement of the malady which affected his wife. The latter was full two weeks in reaching Boston. Dr. Wesselhœft telegraphed the remedy, but in the meantime improvement had begun, as stated above. Now the remedy which Dr. Wesselhœft mentioned in the telegram was Phosph. The remedies which I gave afterward, as noted in my register, are Dulc.<sup>2c</sup>, Sulph.<sup>2c</sup>, Lach.<sup>2c</sup>, Phos.<sup>6m</sup> (Jenichen), Ambra<sup>2m</sup>, and for the last Psorin<sup>2c</sup>, an interval of twenty or thirty days elapsing between remedies.

The recovery was complete, and Mrs. F. saved from certain death, by the first of June, and on returning to Rome in October found herself better able to breathe the air of the Campagna than before her sickness. After some years the family returned to the United States and Mrs. F. still lives in good health.

CASE II.—Gabrielle Lubowidzka, Polish, and a Sister of the Sacred Family of Nazareth—one of those many institutions by means of which Christian charity diffuses among the people the culture and the example of every virtue. The child of parents of a most unhappy temperament, both of whom died in early life of phthisis, as well as an older sister, with still another sister (younger) affected with the same disease, came under my care in 1885. She had suffered a long time from a throat trouble, was much debilitated, and there was a prospect of a near end. She coughed very frequently, expectorated yellow, putrid matter, of salt taste. There was fever, preceded by chills in the afternoon, terminating always with perspiration. There was great emaciation and exhaustion, voice weak and hoarse, and eyes sunken. The menses were suppressed, and there were many other symptoms not noted because of no importance in this connection. I have decided to report the case because of a circumstance which occurred during the second year of my treatment of the case.

In March, 1886, Dr. Leon Simon, of Paris, came to Rome for a few days. The Superior of the Sisters, who had met him in her travels, and had lived near him in Paris, desired me to bring

him to visit the invalid Sister, Gabrielle. In my company Dr. Simon visited the patient, examined her, thoroughly approved of my treatment, but gave his opinion, which was also that of all the religious community, that the poor girl had only five or six months to live.

I have the faculty of almost never losing hope. The power of Homœopathy, all the marvelous cures of which there are so many testimonials, inspires me always with confidence, which is sometimes too great. I continued the treatment, which, after another year and one-half, carried the invalid to recovery to such an extent that Sister Gabrielle was sent as Superior to Coracoria, where she remained for more than three years, enduring the severe winters of that northern climate. Afterward she passed a winter in Paris, where Dr. Leon Simon was able to see the invalid, whose restoration to health he had thought impossible, no longer weak and emaciated, but vigorous and well nourished.

A long time was required to complete this cure, in part because of my absence from Rome during the summer season. It was lengthened to more than three years. I will note in chronological order the medicines used, as I find them in my register: Calc-c<sup>2c</sup>, Merc.<sup>2c</sup>, Puls.<sup>2c</sup>, Bell.<sup>2c</sup>, Natr-mur.<sup>2c</sup>, Phos.<sup>6m</sup> (Jenichen), China<sup>2c</sup>, Sil.<sup>2c</sup>, Bell.<sup>2c</sup>, China<sup>2c</sup>, Bry.<sup>cm</sup> (Skinner, during 1885), Dulc.<sup>cm</sup> (Fincke), Kali-carb.<sup>cm</sup> (F.), Merc.<sup>6m</sup> (F.), Nux-vom.<sup>50m</sup> (F.), Bell.<sup>40m</sup> (F.), Ars.<sup>40m</sup> (Jenichen and C. M. Fincke), Ars.<sup>40m</sup> (Jen.), Hepar<sup>cm</sup> (F.), Merc.<sup>cm</sup> (F.), Dulc.<sup>cm</sup> (F.), Phos.<sup>20m</sup> (F.), Hydr-ac<sup>30</sup>, Merc.<sup>6m</sup> (F. in 1886), Lyc.<sup>cm</sup> (F.), Bell.<sup>40m</sup> (F.), Sep.<sup>2c</sup>, Spong.<sup>2c</sup>, Colocynth.<sup>cm</sup> (F.), Sil.<sup>72m</sup> (F.), Baryt-carb.<sup>2c</sup>, Ars.<sup>cm</sup> (Swan in 1887), Ciannabar<sup>cm</sup> (F.), Phos.<sup>70m</sup> (F.), Hepar<sup>cm</sup> (F. in 1888). These remedies were administered at long or short intervals, according to the exigencies of the case, sometimes after a few days, oftener after one month.

*Remarks.*—These two cases show me, above all, that disease holds out much more obstinately, and demands much longer time and greater patience to cure when the origin of the patients is from parents unhealthy and affected with chronic miasm, as was discovered and illustrated by Hahnemann. The two ladies



who furnished these clinical histories were eminently psoric, and of unhappy constitutions. Enough to say that the first had erysipelatous eruptions permanently on the face, and the second nearly died of pulmonary phthisis, of which both parents and a sister had died. In regard to the administration of remedies it should be observed that in the first case very little of the first remedy was required to produce a profound impression upon an organism already saturated with improper medicines; all the other remedies were given in the single dose. The greatest and most difficult question is this of repetitions, which, unless properly made, may hinder the cure. We have fundamental instruction from Hahnemann, it is true, upon this point, but it is also true that "it is original sin not to know how to wait," as Gross has expressed it. The illustrious Dr. Fincke has lately written: "This subject, therefore, is so vast that it demands time and patience to collect from it the laws and rules of the posology of Homœopathy."

One single canon or law appears, however, to be established with certainty, and in accordance with it we worked in the cases given above, and continue to work in similar cases; for example, when we treat persons exhausted and with little or weak reaction or vital-force, we ought always to give the single dose. Lastly, we wish to make two brief remarks for the encouragement of the true friends of Homœopathy:

First, our experience in the first case brings out the fact that our law of cure—the law of nature—guarantees, when well applied, this harmony of prescriptions which never in the world any other school of medicine has known how to bring about, and that to the one scientific system of medicine which it was reserved to Hahnemann to discover. So that, from one part of the world to the other, as in this case—from Rome to Boston, from Constantinople to Lisbon, from Algiers to Pekin—given the same symptoms, the same prescription will follow.

The second remark refers to the second case, which shows and proves the superiority of Hahnemannian Homœopathy to routine Homœopathy, that now is more followed. Also, Dr. Leon Simon, an excellent man and doctor of medicine, whose father was truly

Hahnemannian, ought to throw his influence against the preponderance of that mongrel sect inaugurated by Tessier which is responsible in great part for the adulteration of Homœopathy in France, where, in general, *The Organon* is as if it did not exist, and where habitually only the 4th, 6th, and 12th dilutions are used, while we hold that without the high and highest potencies, and without the strictest observance of the precepts of *The Organon*, this cure could not have been obtained. Honor to the great Master, and to all International Hahnemannians who defend and make triumphant his teachings !

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### PATHOGENETIC, OR TOXIC EFFECT OF TOBACCO.

S. SEWARD, M. D., SYRACUSE, N. Y.

The first severe case of tobacco poisoning I ever treated was in a woman, from smoking a clay pipe. Her tongue was coated as with thick, white velvet, and had been so eight years, from a severe sickness. No red color on the tongue or its edges. She smoked almost constantly day and night. There came a crease across the middle of her tongue, as though made with the edge of a knife, and in the centre of the crease there came up an oval point, which increased quite fast until it became as large as the cup of an acorn from an oak, the oval up, then it fell in and disappeared, leaving a cavity covered with a substance appearing like cigar ashes. The tongue was gradually all eaten away into the throat. She suffered severe pain for months, emaciated, and died.

The next severe case I met with and treated was a physician, who had smoked for nearly fifty years. His worst suffering was in the stomach. He had a "sinking sensation in the stomach which obliged him to lie down," which is both pathogenetic and clinical. He would suffer with the sinking sensation for several hours, then it would pass away. He was weak in body and mind. Constipation was the next most severe trouble; there was a loss of power in the colon and rectum to pass the *feces* downward, one to three or four injections of warm water would

not always bring a stool. He had suffered in this way for several years, becoming worse, and died. On *post mortem*, a malignant tumor was found back of the stomach, and attached to the spine and one kidney, which was doubtless caused by tobacco.

An English workingman came to me with a swelling on his under lip as large as half a butternut, on the place where he rested his clay pipe. I told him it was a tobacco cancer, and could not be cured. He replied, "So all the doctors say." He died in consequence of the accumulated poison of tobacco.

A man with a good constitution and otherwise of good habits, except in the use of tobacco; had been in a business office for about forty years, where himself or some one else was smoking nearly all the time. His whole body suffered, he was bloated and dropsical—the abdomen the most so—face of an earthy-pale color; his liver was enlarged, not sensitive; the urine half albumen. Left side of head was numb, ear deaf, tongue foul, and taste bad, no appetite, quite weak. Many of these symptoms were removed by Apis—the albumen from the urine and the dropsy. Of course he left off the use of tobacco. He was quite well for over four years. He then thought he would like to taste tobacco. He took a little in his mouth. It soon awoke all the old tobacco symptoms, and they could not be removed; the force of the renewed trouble was in the abdomen, and the efforts and wisdom of four physicians could not remove the very painful disease. One of our eclectic homeopaths cut the Gordian knot by a dose of Morphine, which soon ended his sufferings and life.

This patient, a man, smoked excessively, and was up nights, a gambler. He was paralyzed on the right side—nervous apoplexy; his expression of a thought was obstructed; he could only speak the first word of the sentence he had in mind, and after a few days he could only speak the first letter of the first word. He improved under treatment, and went to business again. I cautioned him to keep clear of tobacco, not even to smell it. He felt so well he did not believe it would hurt him to smoke a cigar occasionally. He did so, and was paralyzed, and died suddenly.



## CLINICAL VERIFICATIONS OF PYROGENUM.

G. W. SHERBINO, M. D., ABILENE, TEXAS.

In the two years that I have had since the proving of Pyrogenum I have collected some of the symptoms together, so that my colleagues could receive the benefit of this experience.

The hard bed and the hard pillow and the intense aching that they sometimes compare to lying on a pile of rocks, shows the extreme soreness of Pyrogenum; sometimes the patient declares that a train of cars has run over him. Pyrogen has *fan-like motion of the alæ nasi*, Antimonium-tart., Baptisia, Bell., Bromium, Hell., Lyc., Phos., Rhus-tox. all have it. I can remember when I knew of no others but Lycopodium, but it is well to have them in mind, as very often it is a great help to know these things. Great restlessness is better when first commencing to move (Rhus-tox., worse when commencing to move). This is the difference between Rhus and Pyrogenum. It took me some time to find it out, as the restlessness was so much like that of Rhus-tox. that it took very close observation to detect the real difference. It has that death-like restlessness or the restlessness as of death or those in *articulo mortis*, amelioration from sitting up in a chair and rocking hard; the amelioration from moving lasts only a few moments, and this necessitates that the patient keep on moving, as the amelioration is but momentary.

Throbbing of the vessels of the neck. The carotids have a distinct wave-like throb, similar to Bell. and Spigelia. The throbbing is from the clavicles upward. There is numbness of the hands and arms; numbness of the feet, and the numbness extends over the whole body.

Violent heart action, keeping up so that it was very tiresome; delirious when closing the eyes; sees a man at the foot of the bed or in the farther part of the room; hands cold and clammy; bowels so sore that she can hardly breathe; bowels so sore cannot bear any pressure over the right side; aggravation from

sitting up in bed ; dizziness on rising up in bed like Baptisia, Bryonia, and Phytolacca (Rhus-tox.).

Tongue coated white ; yellow-brown streak down the centre like Baptisia.

Symptoms of paresis : The child could not walk ; was sitting on the edge of the bed and waving her body back and forth—was relieved when in motion.

Vomiting water when it becomes warm in the stomach like Phosphorus—sick stomach better by drinking very hot water.

Vomiting ameliorates the sick stomach. Antimon-tart., Ipec. go to sleep after vomiting. Coughing up rusty colored mucus ; pain in the right lung and shoulder, aggravated from coughing or talking ; circumscribed redness of both cheeks ; palpitation of the heart, with abnormal temperature, pulse 160 per minute.

Palpitation worse from motion, better from remaining quiet. Inclined to talk all the time at night during the fever ; cold sweat over the body ; pain in the small of the back ; desires to urinate ; it is scant ; talks to herself ; tries to vomit ; urging to vomit, with cold feet ; restlessness relieved after sleeping ; purple spots on the chest ; cries out in her sleep that some one or a weight is lying on her ; heart beats hard, has a laborious action ; sensation as if the heart was too full of blood ; it beats very loud, heart sounds can be heard a foot away from the thorax (always can hear her heart beat) ; could not sleep last night for heart whizzing and purring so, when she did drop off to sleep she was delirious ; sensation as if a cap were on her head. When she awakens and finds this cap on her head she knows that she is all right, that she is not delirious ; better after vomiting ; whispers in her sleep ; whispers to herself, if you ask her what she said she does not answer ; sensation as if she covered the whole bed ; she knew that her head was on the pillow, but she could tell where the rest of her body was.

She feels when lying on one side that she is one person and that when she turns to the other side she is another person ; sensation as though the fever would not run in each alike, that is to say, she felt as though she was existing in a second person,

or that there were two of her. This is like *Baptisia*, the fever wants to run separate.

Tongue dry and not a particle of moisture on it. Has had no thirst since she has been sick. Bitter taste in the mouth ; tongue dry down the centre.

Coldness and chilliness all day that no fire would warm ; sits by the fire and breathes the heat from the stove ; chilly whenever leaving the fire ; at night when the fever came on he had a sensation as if his lungs were on fire and that he must have fresh air, which soon brought relief.

Sensation as though he was crowded with arms and legs ; when turning over in bed they were still crowding him ; as soon as the fever came on he commenced to urinate ; he can tell every time when the fever is coming on because of this frequency to urinate. The urine is as clear as spring-water. Very severe pain in the right side ; knife-like pains going through to the back ; worse from every motion, from coughing or talking or taking a long breath ; better from lying on the affected side (*Bryonia*), *Baptisia* ; groaning with every breath ; redness of the face, and also of the ears, it looked as if the blood would burst out of them. After the fever leaves he still has the hallucination that he is very wealthy and he has a very large sum of money in the bank, and this was the last to leave him—this idea that he had the money.

Child with cerebro-spinal meningitis was so sick that at one time it seemed as though she could not recover ; there was automatic motion of the right arm and right leg ; this kept up until it would turn her around from left to right till her feet would get on the pillow or touch the head-board ; she was brought out of this condition with *Pyrogenum*.

Rolling the head from side to side. It has cured prolapsus uteri, with bearing down, relieved by holding the breath and straining, as in the act of labor. Pain starting in the uterine region and passing upward to the umbilicus (*Sepia*). It was the reverse (a cork-screw pain) this was momentarily relieved by holding the breath and bearing down, as in labor ; momentarily relieved by pressing the hands against the vulva, then she said



she would have to turn loose, as it made her worse. Lillium had previously failed in this case. Pain starting in the umbilicus or a little above, and passing down toward the uterus, but at midway of the distance to the uterus it would be intercepted by the same kind of a pain starting from the uterus and passing upward till they would meet midway between the umbilicus and uterus, then gradually die out till another would come as before; ameliorated momentarily by drawing her knees up to her chin and grasping her arms around them and holding them tight. Intolerable tenesmus of the bladder, it was more of a spasmodic contraction than anything else; at the same time, this condition would be reflected to the rectum and this strong desire to defecate without ability to do so would also involve the ovaries and broad ligaments, Nux-vom. and Lilium-tig. had no affect whatsoever. This was a Morphine case from beginning to end.

I have now had two years' experience with this grand nosode, and it is one of the grandest monuments to Hahnemann and to Homœopathy, as it covers a wide range of action, and it fills a place of its own that no other remedy can fill.

#### PYROGENUM<sup>cm</sup>.

I was called on the 2d day of January, at one o'clock P. M., to see girl æt. fourteen, who had been suffering for about one week, and for the last two days had been attended by an allopath. I soon diagnosed the case, for the benefit of the family and the neighbors, to be that of pneumonia. I found the temperature  $105\frac{1}{2}^{\circ}$ ; respirations, 52 per minute; pulse, 120; coughing up rusty-colored mucus; pain in the right lung and shoulder, worse from coughing or talking; circumscribed redness of both cheeks; *fan-like motion of the alæ nasi*. (Ant-t., Bapt., Brom., Bell., Lyc., Phos., Rhus, Pyrogenum.) Restlessness, when first beginning to move, restlessness all night.

January 2d.—Temperature,  $102\frac{1}{2}^{\circ}$ ; pulse, 104; much better every way; improving fast.

January 3d.—Temperature,  $100^{\circ}$ ; pulse, 96; respiration, 32.

January 4th.—Temperature,  $97\frac{1}{2}^{\circ}$ ; pulse, 80. Discharged the case cured. She took four doses of Pyrogenum<sup>cm</sup>.

PYROGEN.<sup>DMM</sup>.

Mrs. — sent to the office for medicine for an aching all over ; says she was so very restless last night, could not keep still. I sent her one dose of Pyrogen., which cured her by morning.

I was sent for to go and see a little girl that had been taken sick at night with symptoms of paralysis. She was well up to that time. When I arrived she could not stand on her feet ; when they set her up in bed she would wave back and forward, as if she had no control of herself ; her pulse was 120 per minute, her temperature was 98.3°. Taking the increased heart action as a leading symptom, I gave her a dose of the CMM of Pyrogen., which cured her quickly.

## PYROGEN. IN FEVER.

Mrs. A. was taken with a fever yesterday, and she had a miserable night last night ; her temperature is 103°, and pulse 130 ; was very restless, especially after midnight, constantly changing her position in bed. *Ry. Rhus-t.<sup>cm</sup>*. Called the next morning and found her no better, and had put in a bad night again, never sleeping at all ; says that it keeps her busy trying to get into an easy position, and she noticed that she was better *while she kept up this motion all the time*. *Ry. Pyrogen.<sup>cm</sup>*. She commenced to improve at once, rested better at night, and all of the aching left, the pulse was 108 the last time I saw her, and at that time it was at normal temperature ; she had a great deal of throbbing of the vessels of the upper thorax and neck. It would shake the bed it was so violent.

## CHILD WITH LA GRIPPE.

Her father called at the office for medicine, and said that she was very restless ; worse from lying down, better sitting up.

Vomiting water after drinking as soon as it gets warm in the stomach (Phos.). Better by vomiting. Cured with one dose of Pyrogenum<sup>cm</sup>.

## LA GRIPPE.

Mr. ——— complains of a feeling of coldness and chilliness that no fire can warm. This kept up all day and all night. As night came on he grew more restless, and as he had been breathing hot air all day from the fires he now had an intense desire for fresh air, and thought if he did not get it his lungs would burn up. His respiration was quite quick, but the fresh air soon brought relief in that respect.

He groaned all night, and rolled and tumbled from one side of the bed to the other, not lying in one spot but a moment at a time. The bed was as hard as a board (Bapt.), the pillow was as hard, and he was as sore as if a train had run over him. He tried to lie on his face but he found that side of his body was sore too.

Before daylight he awoke and told his wife he was so glad that he had got rid of those arms and legs that had crowded him all night; if he turned over they were there, and he was trying all night to get them out of the bed. As soon as the fever began to come on he commenced to urinate, and he must have passed water every half-hour. The urine was as pale as spring water; the fever went down the next day; but when it commenced to rise again he commenced to have frequent urinations as before, and he knew that the fever was coming up as he was urinating so frequently. He took two or three doses of Pyrogenum<sup>cmm</sup>.

## DYSMENORRHEA.

Mrs. W. F. F—— has had painful menstruation for several years, and it is always preceded by aching in the bones, causing her to complain of the bed being hard and accompanied by intolerable restlessness.

She is better when first beginning to move—and she has to keep this up, as it affords some *relief* to the restlessness. I saw her have one of these spells, and she was on the floor, and she would curl up and then straighten out, and then turn and twist in every possible position. The CMM of Pyrogenum would



always relieve her, till now she does not have the aching, and is doing nicely. This remedy has cured this condition, but other remedies had to be used—Lac-can., Escul-hip., and Helon.

#### PYROGENUM<sup>CMM</sup>.

I was called to see a colored girl about twelve years old, who seemed to be partially paralyzed. She could not sit up or stand nor walk a step without help. She was very restless and kept rocking back and forth while sitting on the edge of the bed. She said that this rocking motion relieved her and so she kept it up.

I gave her a dose of Pyrogenum<sup>cmm</sup> and she was all right in a day or two, as I only saw her but once.

#### PYROGENUM<sup>DMM</sup>.

Mr. M. H.—Child had had a fever for several days and was getting worse (Bell. and Rhus-tox. had failed). I sat up all night with the case and it had the restlessness of death. There was more motion of the right leg and arm, and she would make a semicircle from left to right, and her feet would get upon the pillow and she was not still for one moment all night long. She would make this peculiar circle and would have to be put on the pillow, and in a very short time she would be kicking the headboard with her feet. All of these symptoms passed away under the action of Pyrogenum<sup>dmm</sup>.

Mrs. M. has been troubled for some time with bearing-down feelings in the uterine region, relieved by holding her breath and pressing down as in labor. She was very restless at night and had to keep in motion, as only then could she get any relief (better when first beginning to move).

Cured by Pyrogenum<sup>dmm</sup>.

#### PNEUMONIA, PYROGENUM<sup>CMM</sup>.

January 4th, 1892.—I was called to see Mr. K., who took a severe chill yesterday and was chilly all night long. I found him expectorating rusty-colored blood this morning. He com-

plaints of aching all over and his eyeballs are sore and his ears are sore. The bed is hard and he aches in all the bones in his body. He groans all night and he was restless. He is worse from moving at first, but better after he gets quiet again, and then after lying long in one place he is compelled to move again. *Rhus-tox.*<sup>cm</sup>, one dose. Temperature,  $102\frac{1}{2}^{\circ}$ ; pulse, 100; respiration, 32.

I called in the evening at five o'clock. Temperature,  $103.3^{\circ}$ .

January 5th.—He had a bad night, his wife could hardly keep him in the bed; he was groaning and restless. He had to keep moving all the time to get a little ease. He felt as if a train had run over him and bruised him badly. He took two doses of *Pyrogenum*<sup>emm</sup> in the night.

January 5th.—I find him better this morning. Temperature,  $100^{\circ}$ ; pulse, 80; respiration, 24.

January 6th.—I found my patient had eaten some hot tomatoes and at one o'clock A. M. he commenced vomiting and is now having cramp in the stomach. Gave a dose of *Nux*<sup>em</sup>, as it covered his symptoms well. Temperature and pulse going up again.

January 7th.—He had a very restless night of it last night. He ate some fresh oysters yesterday and they disagreed with him and kept his stomach in an agitated condition. He complains of feeling so full after eating, and has fan-like motion of the *alæ nasi* and he thinks he is worse in the after part of the afternoon. I gave him *Lyc.*<sup>mm</sup> (H. S.), one dose, dry.

January 8th.—He was very restless last night. Temperature,  $103^{\circ}$ ; respiration, 32; pulse, 100. I called at night and he was sitting up and he had a restless spell about half an hour before I called and was still in the same condition. He could not sit still or keep in one position a half-second without changing; this he said was all the relief he could get. He was better while moving, but the relief lasted only a moment and he had to keep changing in that way continually. I gave him a dose of *Pyrogenum*<sup>emm</sup> dry on the tongue. This was all the medicine required, and I discharged him on the 11th cured.

November 29th.—I was called to see Mrs. R., æt. twenty-one,

who was taken sick last night while at the opera, and had to leave as she felt as if she was going to faint. She left with her husband, and she says that she knew nothing while going down the stairs as it was all a blank to her. As soon as she reached the carriage she fainted, and did not come to her senses till she got near home; at about five o'clock she was taken with a hard chill and shook for about an hour, with chattering of the teeth. She complains of aching all over; the bed feels hard, also the pillows (Bapt., Rhus-t.) fan-like motion of the alæ nasi (Ant-t., Bapt., Brom., Lyc., Phos.) Temperature,  $105^{\circ}$ ; pulse, 126; respiration, 44. The heart action was so strong that her clothing had a distinct vibration on the neck and thorax; throbbing of the arteries of the neck most noticed in the lower part of the clavicles, upwards. Numbness of the hands and arms (Bapt., Rhus). *R. Baptisia*<sup>600</sup> (M. S. G.).

November 30th.—Called this morning and found that she had had a bad night, was restless, worse after midnight. She could not lie but one moment in one place in the bed, there was momentary amelioration from motion; as soon as she would stop moving she got so restless she could not stand it, and had to keep this up all the latter part of the night. She complained that the heart action kept up, throbbing so violently that she got very tired of it; aching worse than yesterday; is delirious this morning when she closes her eyes. Temperature,  $105^{\circ}$ ; pulse, 126; respiration, 44; this was at 10 A. M. Taking the rapidity of the heart's action; the amelioration from constantly changing the position; amelioration during act of moving (Rhus-tox., aggravation when first beginning to move), I gave *Pyrogen.*<sup>omm</sup> (Swan), one dose at 10 A. M. I took the temperature at 11 A. M., and it had come down to  $104^{\circ}$ ; at 4 P. M. the temperature was  $103.3^{\circ}$ ; was not aching so hard, not so delirious.

December 1st.—Called this morning at 9 A. M., found the temperature,  $99.4^{\circ}$ ; pulse, 80; respiration, 28; says she has had a bad night; was very restless as she was night before, was unable to tell where she was, and that she made her husband get up several times to see if a man was in the house, she could see a man standing by the bed or at the farther part of the room;



hands cold and clammy. Bowels acted several times last night. Her bowels are so sore that she can't bear the least pressure over the right side. She can't sit up they pain her so; she gets dizzy whenever she rises up in the bed (Bap., Bry., Phyt.). Tongue coated white, has had nothing to eat during this sickness, but has wanted nothing but water.

December 2d.—I left a dose of the Pyrogen. to take last night if she did not rest better, and it made her rest better. She feels pretty well this morning; has no appetite yet. Tongue not coated so much. Temperature,  $98.3^{\circ}$ ; pulse, 64; respiration, 24.

December 3d.—Is not quite so well this morning as she feels a little aching, has no appetite; temperature,  $100^{\circ}$ ; pulse, 68.

December 4th.—Called and found her sitting up and has no fever and I discharged her cured.

#### TYPHOID PNEUMONIA.

January 22d.—Was called in about three A. M. to see a man who had taken a chill in the night and very severe pain in his right side, the pain starting in the lower part of the chest and going through to his back, worse from every motion; from coughing or taking a long breath; relieved from lying on the affected side (Bap., Bry.); this pain was knife-like and was very severe; he groaned with every breath. *Rx.* Bryonia<sup>50m</sup>.

Called at ten A. M., found the pain all gone, pulse, 100; temperature,  $102^{\circ}$ ; respiration, 30. He is very stupid and drowsy, and will not keep awake long enough to get his symptoms. Aches all over. *Rx.* Bapt.<sup>600m</sup> (S. G.), one dose.

January 23d.—Was called at ten P. M. as he was so restless, he could not keep still. The pain had come back again in his side. I sat myself down to watch him and he was in constant motion. He was relieved when first beginning to move. Coughing and groaning; temperature,  $102^{\circ}$ ; pulse, 100; respiration, 30. *Fan-like motion of the alæ nasi*; aching worse; has been delirious all day; does not know that I have been to see him; tongue covered with a very thick white coat; it is as white as milk; fetid breath. *Rx.* Pyrogen.<sup>cm</sup> (Swan).

24th.—Very much worse; had a very miserable night; did not rest any. Temperature,  $104^{\circ}$ , at six A. M. Respiration, 30; pulse, 100.

Incoherent talking in his sleep; terrible throbbing of the carotid arteries from the sternum up to the head and neck; throbbing of the temporal arteries; face very flushed, and the ears were very red, as if the blood would burst out of them. The intense restlessness kept up all night, and in fact it was worse after taking the medicine. His bowels had moved, and they had him up before I arrived, and the mother thought it was the bowels moving that relieved him, but I did not think so. I thought it was the getting out of bed that gave him the relief. He became more quiet and had a fair day. He is still very stupid; he answers questions, but goes immediately back into his stupor again; has been snoring all day whilst asleep.

January 25th.—He had not so good a night last night; gave him a dose of the DMM (Swan). He is not so stupid to-day; did not know that I had been attending to him or that I had been about the house. Pulse, 92; temperature,  $103.3^{\circ}$ ; respiration, 30. Coughing almost incessantly all day long; relieved immediately by getting in a chair; aggravation as soon as he lies down again; does not ache so much when sitting; is conscious to-day and knows what he is talking about.

January 26th.—Very much better to-day; the temperature,  $100^{\circ}$ ; pulse, 80; coughs up a stringy mucus that looks as if mixed with iron-rust. He has been expectorating this all day.

January 27th.—Found him with no fever this morning, but coughing up large quantities of rusty-colored mucus. He seems all right, but upon one point he is off—that is, no sort of persuasion can make him think but that he has lots of money in the bank; talks about his big pile of money.

January 28th.—He slept well last night, not coughing so much this morning; tongue is cleaning off, and he says he feels pretty well to-day; is sitting up. I discharged him cured. He still thinks he has the money in the bank.

Mrs. ——— was confined under the care of one of the materialistic school. She, at the time, having a very severe cough,

her husband called at the office to get a remedy for after-pains. I was called in the morning and found the patient in the following condition: She had had a very restless night, coughing up rusty-colored sputa; rapid fan-like motion of the alæ nasi; respirations, 84 per minute; pulse, 140; temperature,  $102^{\circ}$ ; called in the evening at four P. M.; respirations, 100 per minute; pulse 140; temperature,  $102^{\circ}$ ; she was very restless and found relief while she was moving; pain in each hypochondrium when coughing; called at nine P. M.; pulse, 144; respirations, 96; temperature,  $101^{\circ}$ .

April 3d.—Respirations, 72; pulse, 132; temperature,  $99.3^{\circ}$ ; called at eight P. M.; respirations, 54; pulse, 124; temperature,  $99^{\circ}$ .

April 4th.—Temperature,  $98.2^{\circ}$ ; pulse, 116; respirations, 34; she feels well this morning; rested well last night. I am now sure she will recover. She has taken three doses of Pyrogenum<sup>mm</sup> in a glass half full of water, and taken at once S. L. every half-hour while awake.

#### RELAPSE FROM TYPHOID FEVER.

Mrs. L., æt. sixty, had just gotten over a spell of fever when one morning she was taken with a palpitation of the heart; her pulse was running at the rate of 160 per minute, and the temperature about normal. I thought from the condition it called for Digitalis, as she was so afraid to move, but it did her no good; the next night she began to ache all over in the bones, and was very restless. I tried Bapt. and then Rhus-tox. without any benefit whatever. The fever kept climbing up each day till it got to  $104.3^{\circ}$ , and this was always in the after part of the night, about two or three o'clock A. M. *She always felt best when the fever was on*, but as soon as the fever left the aching came again. Bapt. and Rhus-tox. have aching worse when the fever is on. There was one peculiar thing about the temperature. Her daughter took her temperature about every two hours through the twenty-four, and it would vary from one to two degrees each time; this was so during the inclination and the declination.



October 14th.—Had a very restless night last night. She says she could not lie still but a few seconds, as she must keep moving all the time, and felt better from doing so. At nine A. M. tried to vomit; has no appetite nor any thirst; feels deathly sick at the stomach. Gave one dose of Pyrogen.<sup>cmm</sup> (Swan).

October 15th.—Pulse, 120; temperature,  $104.3^{\circ}$ ; bed still feels hard; aching all over; still restless, worse after midnight, till morning; better from constantly changing the position.

October 17th.—Rested better last night after taking a dose of the CMM; inclined to talk all the time in an excited way; cold sweat over the body.

October 19th.—Pulse, 88; temperature,  $104^{\circ}$ ; pain severe in the small of the back; desires to urinate; it is scant; talks to herself; tries to vomit.

October 21st.—Pulse, 84; temperature,  $103^{\circ}$ ; strains to vomit; cold feet. Restlessness is better as she sleeps some.

October 23d.—Getting better. Purple spots on the chest; pulse, 80; temperature,  $103^{\circ}$ ; cries out in her sleep that a heavy weight is resting upon her; more restless last night. Gave a dose of Pyrogen.<sup>cmm</sup>.

October 26th.—Pulse, 72; temperature,  $101^{\circ}$ ; heart beats hard, has a laborious action; sensation as if the heart were too full of blood; it beats very loud; heart sounds can be heard a foot away from the thorax (always can hear her heart beat); fan-like motion of the alæ nasi (Ant-tart., Baptis., Bromin., Bell., Lyc., Phos., Pyrog., Rhus-tox.).

October 28th.—She could not sleep last night for the heart whizzing and purring so; when she did drop off to sleep she was delirious; sensation as if a cap were on her head; when she awakens and finds this cap on her head she knows that she is all right—that is, she is not delirious; better after vomiting; whispers in her sleep; whispers to herself; if you ask what she has said she does not answer; sensation as if she covered the whole bed; she knew that her head was on the pillow, but she could not tell where the rest of her body was. She feels when lying on left side that she is one person, and when she turns to

the other side that she is another person ; she can't get the fever to run in *the other person* like herself ; the fever wants to run separately ; tongue dry, is not a particle of moisture on it.

October 31st.—Bitter taste in the mouth ; tongue dry down the centre ; has had no thirst since she has been sick. Pulse, 76 ; temperature, 98.5°. Discharged her cured.

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## CLINICAL CONTRIBUTION.

T. D. STOW, M. D., MEXICO, N. Y.

### PSORINUM<sup>CM</sup>.

Arthur D——, an alumnus of Middletown College, Conn., returned to his home in Mexico, N. Y., to spend the holidays of '91. Soon after his return his father came to me and stated as follows : "Arthur is in his twenty-first year, and has been away some ten months. For the last sixty days has had a papular eruption on his hands, forearms, between the fingers, in the popliteal and elbow flexures, with much intolerable itching, bleeding, and burning after scratching. Has much thirst for cold water, taking much at a time. Itching worse at night and when warm in bed ; sweats easily ; feels very weak and grows thin ; has much anxiety regarding his condition."

I sent him one dose of Psorinum<sup>cm</sup> (Swan). At the expiration of thirty-six hours there was marked amelioration of all the symptoms. At the end of three days no more itching or burning ; less perspiration and less debility. In a week's time his hands, wrists, and skin were free from any eruption, and he was cured. He has remained well ever since.

Earle Mentor, a lad of eight years, had a papulo-vesicular eruption over the entire surface, but more in the flexures of joints, on hands, between fingers, on the wrists, and in the palms, where it closely resembled eczema. The itching was so intolerable that he scratched until blood flowed, after which the itching ceased and he would fall asleep. Aggravation at night on undressing, and in bed ; general perspiration at night, during sleep, but giving no relief ; his face looked sallow ; he was pale

also; tongue coated a dirty white; he had great thirst for cold water; odor from body offensive.

I first saw him in September, '91. He then also had periostitis of the right tibia just below the tuberosity, with abscess, much tumefaction, much inflammation, and temperature  $101^{\circ}$ . The right leg was studded with the eruption more thickly than any other part. The boy's temper was morose.

After opening and irrigating the abscess and limb, and carefully dressing the same, gave him two doses of Merc-sol.<sup>500</sup>, and awaited its action. Some improvement followed, but it was not satisfactory. Carefully reviewing his case, I gave him Psorinum<sup>cm</sup> (Swan), three powders, a powder to be taken every twelve hours. Great aggravation of all his symptoms followed, but in the course of a week improvement commenced. Meantime it became necessary to cut down upon the tibia, drill into its cavity, and remove a small sequestrum. From that day the boy rapidly recovered without further medication.

Myrna Fellows, aged fourteen, bright and active, had herpes on his arms, wrists, hands, between fingers, on body, legs, feet. Intolerable itching, worse when warm, and at night; skin of hands cracks and bleeds; the skin inflames. Gave Psorinum<sup>cm</sup> (Swan), one dose. Improvement immediately followed, and in one week he was well. Has remained so up to date.

#### PNEUMONIA-VERA.

J. D. H——, a retired lawyer, some fifty-eight years old, is addicted to inebriety. Last October he had a short but sharp attack of pneumonia.

When I saw him for the first time during his attack, he had short, sharp pain in both lungs; dull, full pain in same, more in the right side, with dry, hard cough, increasing the pain; much thirst; chilliness on stirring in bed; great anxiety, with restlessness. His head ached hard in forehead.

Circumscribed flush on both cheeks—rather purple flush.

Preferred the dorsal decubitus.

Pulse full, sharp, quick, frequent, 120 to 130 per minute.

Respiration short, frequent, constricted, 30 per minute.



Gave Aconite<sup>30</sup> in water, repeating every hour.

Profuse perspiration followed in the course of an hour, increasing so that his linen and bed-sheets and one blanket were wet. Discontinued the Acon., and gave nothing more for one day. All his symptoms gradually disappeared, leaving but little more than a blood-streaked, free, quite abundant expectoration, with great thirst for large quantities of cold water; some pain in right side when coughing and when turning in bed, for which Bry.<sup>60</sup> was given with speedy relief. He recovered rapidly. I gave him Acon. not more than four times, and he had but one prescription of Bry. I report this case as nothing more than has been seen by most any homœopathic physician, but as illustrative of the effect of homœopathic remedies, in treating pneumonia, pleurisy, etc., as compared with the slow-coach and death-dealing processes of old-school therapeutics.

Grippe and pneumonia were with us last winter in aggravated forms, and the mortality and wrecks of humanity were simply appalling.

The case also illustrates the benefits of Homœopathy among the dissipated and enfeebled. I had many cases of bronchitis and pneumonia—some of them grave—and all speedily recovered and remain well.

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## CLINICAL MEDICINE.

J. A. TOMHAGEN, M. D., PHILADELPHIA, PA.

CASE I.—Was called to see Mrs. E. P., æt. fifty-one, and mother of thirteen children. Had itch nine years ago, suppressed with ointment, and measles eight years ago. At present, life is a burden to her. Says she does not care to live, if this *urinary trouble* can't be cured. Burning in the feet at night; this is merely a sensation, since her husband says they are actually cold. She has a longing, alternately, for sweet and sour things. Lies on right side with legs drawn up; this is the only position in which she can obtain any sleep. Chilly sensation at times. Leucorrhœa yellowish and again whitish, flowing profusely during the day.

Great burning after urinating. Shooting pain in the tongue, which looks red and angry; *burning down centre of tongue*. Cannot eat fat meat because it brings on diarrhœa. Her menses always delayed a week, lasted six days, but were scanty, flowing in fits and starts. During the week before menses she had sour vomiting and diarrhœa; drawing up and down sensation in abdomen; hot feet and legs when walking. At present, she has frequent urination and passes only a teaspoonful at a time with great bearing down. Urine high colored.

Sept. 20th, 1888.—Puls.<sup>10m</sup>, six powders, one every night and morning for three days.

Nov. 6th.—Considerably better, but I still have the drawing in my stomach (?), and burning in my feet and legs. CM.

Dec. 15th, she writes: "Am almost well, but think I had better continue taking medicine awhile longer."

*Remarks.*—This woman had been in bed for months, off and on, and utterly unable to supervise her domestic affairs.

The strangury was intense, and the chief difficulty for which I was summoned. The patient, however, living twenty miles from my office, could not have me come often, so I thought it advisable to prescribe on the constitutional symptoms, trusting that the remedy selected on *these*, would also cure the *strangury*.

The changeability of the symptom: the symptom she had during her menstrual epoch; the burning sensation down centre of tongue; the aggravations and ameliorations all pointed unmistakably to Puls.

One prescription was sufficient to cause the vicegerent of the soul to re-establish order out of chaos.

CASE II.—Mrs. E. T., æt. fifty-seven. Brunette. Migraine seven years. Heavy sore feeling over right eye; sleepy and languid all day; bitter taste in morning and sick at stomach; pain begins in occiput and moves forward to right supra-orbital region; wants to go into a dark room, away from everything and everybody; does not want to hear nor see anything; pain in head relieved by vomiting, which is watery and bilious; yellow coating on base of tongue; "bowels regular;" no appetite during attacks; skin gets yellow when about to have an attack; urine

high colored ; dark coffee-ground sediment in urine during attack ; generally feels better in cold weather ; can sit down any time of day and go to sleep ; very thirsty ; photophobia of right eye during attack. These headaches last from one to seven days, beginning about eight or nine A. M. and leaving at seven P. M. Urine becomes clear as headache improves.

Oct. 5th, 1891.—Sang.<sup>1600</sup>.

Oct. 12th.—General improvement.

Last Wednesday, was giddy after dinner, and again slightly this morning, but no headache. CM.

Nov. 4th.—Soreness and stiffness in palate in morning. Scratching and scraping in throat. Chilly sensation ; dull feeling in forehead. Watery discharge from nose and eyes.

Dry cough worse in room.

Discharge worse in room.

General improvement in open air. CM.

Dec. 20th. No headache till December 17th, which was slight and of same nature as old ones. Sang.<sup>em</sup>.

Dec. 31st.—“ I have so much wind in stomach and only after a few mouthfuls.” No appetite ; thirstless ; mouth and throat dry in morning ; sensation of load in pit of stomach ; chilly ; costive ; left eye waters ; tired, heavy feeling ; worse from coffee ; better in open air ; sleeps lying on right side ; feet cold ; wants head uncovered always, and thinks she takes cold that way ; urine high colored. Lyc.<sup>1400</sup>.

March 2d.—Was all right till last few days ; some of old symptoms returning. Lyc.<sup>71m</sup>.

March 20th.—On the 17th inst., her *right foot was very cold, while left was normal* (she thought this very strange). Also had the full feeling in stomach, and a pain in left supra-orbital region extending through to back of head. CM.

March 30th.—Reports herself well.

*Remarks.*—The second dose of Sang. produced no change. Gradually symptoms developed calling for Lyc., which finished the cure. I searched all the books to ascertain whether Lyc. followed Sang., because the symptoms so loudly called for it, but I could not find a single confirmation.



# REPERTORY OF DIPHTHERIA,

REVISED AND ENLARGED.

BY WM. JEFFERSON GUERNSEY, M. D., PHILADELPHIA.

## SUBJECTIVE.

**ACHING.** (Painful, simple, pressive, ordinary, dull, indescribable, undefined pain. Anguish, misery, suffering, torture, agony.) *Acon.*, *Æscul.*, *Am cb.*, *Am-caust.*, *Apis*, *Arsen.*, *Bapt.*, *Bell.*, *Bryon.*, *Calc-ph.*, *Canth.*, *Caps.*, *Carbol-ac.*, *Cistus*, *Hepar*, *Ign.*, *Iod.*, *Kali-perm.*, *Lach.*, *Lac-can.*, *Lyc.*, *Merc.*, *Merc-cor.*, *Merc-j-fl.*, *Merc-j-ru.*, *Nit-ac.*, *Phytol.*, *Rhus*, *Sal-ac.*, *Sul.*

**BORING.** (Digging, rooting, gnawing.) *Alum.*, *Arg-met.*, *Lac-can.*, *Paul.*

**BURNING.** (Heat, warmth, scalding.) *Acon.*, *Æscul.*, *Am-cb.*, *Arsen.*, *Arum.*, *Bell.*, *Canth.*, *Caps.*, *Lac-can.*, *Merc.*, *Merc-cor.*, *Nit-ac.*, *Sal-ac.*, *Sang.*, *Sinap.*, *Sul.*

**BURNING LUMP.** (As of a hot ball.) *Phyt.*

**BURNING, STINGING.** *Apis.*

**BURNT, as if.** See **SMARTING.**

**BURSTING, as if.** See **FULLNESS.**

**CHAFED, as if.** See **SMARTING.**

**CLOSED, as if.** See **SQUEEZING.**

**CLUTCHING, as of.** See **SQUEEZING.**

**COMPRESSION, as of.** See **SQUEEZING.**

**CONGESTION, as of.** See **FULLNESS.**

**CONSTRICION, as of.** See **SQUEEZING.**

**CONTRACTION, as of.** See **SQUEEZING.**

**CONTUSED feeling.** See **SORENESS.**

**CUTTING.** (Acute pain when undefined. Darting pain, knife thrusts, piercing, penetrating pain, severe pain, sharp pain, shooting pain, lancinating, neuralgic pain, long stitches.) *Æscul.*, *Am-caust.*, *Arsen.*, *Ign.*, *Lac-can.*, *Bell.*, *Kali-nit.*, *Sul.*

**DARTING.** See **CUTTING.**

**DIGGING.** See **BORING.**

**DISTENTION.** See **FULLNESS.**

**DRAWING PAIN.** See **ACHING.**

**DRAWING PAIN.** See **ACHING.**

**DRAWING SENSATION.** See **TENSION.**

**DRYNESS,** sensation of. *Acon.*, *Æscul.*, *Ailanth.*, *Alum.*, *Apis*, *Arg-nit.*, *Arsen.*, *Arum.*, *Bell.*, *Bryon.*, *Cistus*, *Ign.*, *Kali-bi.*, *Kali-perm.*, *Lac-can.*, *Lyc.*, *Merc.*, *Merc-cor.*, *Phyt.*, *Sang.*, *Sinap.*, *Sticta*, *Sul.*

**DULL PAIN.** See **ACHING.**

**ERODED sensation.** See **SMARTING.**

**EXCORIATED sensation.** See **SMARTING.**

**EXPANDING, as if.** See **FULLNESS.**

**FOREIGN BODY,** sensation as of a blunt. See **LUMP.**

**FRICTION,** sensation of. See **SCRAPING.**

SUBJECTIVE—*Continued.*

**FULLNESS**, feeling of. (Congested, as if; bursting, as if; pressed asunder, as if; thick feeling, expanding sensation, swollen sensation, tumid feeling, bloated sensation, large, as if; distended sensation.) *Ailanth.*, *Alum.*, *Apis*, *Bapt.*, *Bell.*, *Brom.*, *Lac-can.*, *Lach.*, *Lact-ac.*, *Phyt.*, *Puls.*

**GNAWING**. See **BORING**.

**GRATING**. See **SCRAPING**.

**HAIR**, as from a. See **TICKLING**, etc.

**KNIFE THRUSTS**. See **CUTTING**.

**LANCINATING**. See **CUTTING**.

**LARGE**, as if. See **FULLNESS**.

**LUMP**, as of a. (Ball, plug, foreign, blunt body.) *Æscul.*, *Alum.*, *Am-carb.*, *Apis*, *Bell.*, *Hepar*, *Ign.*, *Kali-bi.*, **LAC-CAN.**, *Lach.*, *Merc-j-fl.*, *Merc-j-ru.*, *Merc-viv.*, *Phyt.*, *Sul.*

**LUMP, HOT**. See **BURNING LUMP**.

**NEURALGIC PAIN**. See **CUTTING**.

**NUMBNESS**. *Acon.*

**PAIN, DULL**. See **ACHING**.

**PAIN, SEVERE**. See **CUTTING**.

**PAIN, WITHOUT**, although the throat is inflamed. *Apis*.

**PEPPER**, as from. See **SMARTING**, etc.

**PLUG**. See **LUMP**.

**PRESSING ASUNDER**. See **FULLNESS**.

**PRESSIVE PAIN**. See **ACHING**.

**PRICKING**. See **STICKING**.

**PULLING**. See **TENSION**.

**PULSATION**. See **THROBBING**.

**PUNGENT**. See **SMARTING**.

**RASPING**. See **SCRAPING**.

**RAWNESS**. See **SMARTING**.

**ROUGHNESS**. *Ailanth.*, *Sul.*, *Sul-ac.*

**SCALDED**. See **SMARTING**.

**SCALDING**. See **BURNING**.

**SCRAPING**. (Grating, rubbing, friction, rasping.) *Acon.*, *Ailanth.*, *Arsen.*, *Bell.*, *Bryon.*, *Hepar*, *Kali-bi.*, *Nit-ac.*, *Sul.*

**SENSITIVENESS**. See **AGG. TOUCH**.

**SEVERE PAIN**. See **CUTTING**.

**SHARP PAIN**. See **CUTTING**.

**SMARTING**. (Excoriation; burnt, as if; scalded, corrosive, eroded, ulcerated, as if; acrid, chafed, raw, biting, pungent.) *Arum.*, *Lach.*, *Lac-can.*, *Merc-j-ru.*, *Nit-ac.*, *Phyt.*

**SMARTING, PEPPER**, as from. *Caps.*

**SMARTING SPOT**. *Mur-ac.*

**SORENESS**. (Contused, as if; bruised, as if.) *Ailanth.*, *Alum.*, *Apis*, *Arsen.*, *Arum.*, *Bell.*, *Bryon.*, *Caps.*, **LAC-CAN.**, *Lach.*, *Lyc.*, *Merc-cor.*, *Merc-j-ru.*, *Merc-viv.*, *Mur-ac.*, *Nit-ac.*, *Phytol.*, *Sul.*

**SUBJECTIVE—Continued.**

SORENESS, SPOTS OF. Bary-cb.

SPOTS OF SMARTING. See SMARTING SPOT.

SPOTS OF SORENESS. See SORENESS, SPOTS OF.

SQUEEZING. (Constriction, compression, bound feeling, closed, grasped, contracted, clutched.) *Æscul.*, *Ailanth.*, *Alum.*, *Apis*, *Bapt.*, *Bell.*, *Brom.*, *Canth.*, *Caps.*, *Chel.*, *Hepar*, *Ign.*, *LAC-CAN.*, *Lach.*, *Lyc.*, *Phyt.*

STICKING. (Pricking.) *Acon.*, *Æscul.*, *Alum.*, *Apis*, *Bell.*, *Bry.*, *Hepar*, *Ign.*, *Kali-bi.*, *Lac-car.*, *Lach.*, *Lyc.*, *Merc-j-ru.*, *Merc-viv.*, *Nit-ac.*, *Sul.*

STINGING, BURNING. See BURNING, STINGING.

SWOLLEN, as if. See FULLNESS.

TENDERNESS. See AGG. TOUCH.

TENSION. *Arg-nit.*

THICK FEELING. See FULLNESS.

THROBBING. *Am-mur.*, *Arg-nit.*, *Bell.*, *Chel.*, *Merc.*, *Rhus.*

TICKLING HAIR, as from a. *Arsen.*, *Kali-bi.*, *Sil.*

TIGHTNESS. See TENSION.

ULCERATED, as if. See SMARTING.

**OBJECTIVE.**

BLUISH. *Ailanth.*, *Am-carb.*, *Kali-bi.*, *Lach.*, *Merc-cyan.*, *Phytol.*, *Sul.*

BRIGHT RED. See INFLAMED, BRIGHT RED.

BROWNISH. See INFLAMED, BROWNISH.

CONGESTED. See INFLAMED.

DARK RED. See INFLAMED, DARK.

DISCHARGE, ACRID. *Alum.*, *Arsen.*, *Arum.*, *Merc-viv.*

DISCHARGE, BLOODY. *Apis*, *Arsen.*, *Arum*, *Merc-viv.*, *Rhus*, *Sul-ac.*

DISCHARGE, EXCESSIVE. *Apis*, *Canth.*, *Iod.*, *Lac-can.*, *Lach.*, *Merc-cyan.*, *Merc-viv.*, *Nit-ac.*, *Sul.*

DISCHARGE, FETID. See FETID.

DISCHARGE, VISCID. *Kali-bi.*, *Lach.*, *Merc-j-fl.*

DRYNESS. *Acon.*, *Arsen.*, *Bryon.*, *Lach.*, *Merc-viv.*, *Sticta*, *Sul.*

ERYSIPELATOUS, swelling. See SWELLING, ERYSIPELATOUS.

EXCORIATED, as if. See INFLAMED, EXCORIATED, AS IF.

FETID. (Including the offensive odor of discharge, membrane or breath.) *Ailanth.*, *Alum.*, *Am-carb.*, *Apis*, *Arsen.*, *Arsen-jod.*, *Arum*, *Bapt.*, *Carbol-ac.*, *Iod.*, *Kali-bi.*, *Kali-perm.*, *Lac-can.*, *Lach.*, *Lyc.*, *Merc-cyan.*, *Merc-j-fl.*, *Merc-viv.*, *Nit-ac.*, *Phytol.*, *Sul-ac.*

FOUL SMELLING. See FETID.

GANGRENE. *Am-cb.*, *Arsen.*, *Lach.*, *Merc-cor.*, *Merc-cyan.*, *Sul.*

GANGRENE, LATER STAGES. *Arsen.*

GANGRENE, RAPIDLY DEVELOPED. *Lach.*

GANGRENE, THREATENED. *Arsen.*, *Lach.*

GATHERING. See SUPPURATING.

INFLAMED. *Acon.*, *Ailanth.*, *Am-caust.*, *Arg-nit.*, *Bapt.*, *Bell.*, *Canth.*, *Ign.*, *Kali-bi.*, *Lac-can.*, *Lach.*, *Lyc.*, *Merc-cor.*, *Merc-cyan.*, *Merc-j-fl.*, *Merc-p-rub.*, *Merc-viv.*, *Mur-ac.*, *Nit-ac.*, *Phytol.*



**OBJECTIVE**—*Continued.*

INFLAMED, BRIGHT RED. Acon., Apis., Bell.

INFLAMED, BROWNISH. Lyc.

INFLAMED, DARK RED. *Æscul.*, Ailanth., Bapt., Lac-can., Merc-j-ru., *Phytol.*

INFLAMED, EXCORIATED, as if. Arum.

INFLAMED, INTENSELY. Apis.

INFLAMED, SHINING. Bell., Lac-can.

INFLAMED, SLIGHTLY. Carbol-ac., Lac-can.

IRRITATED, looking. See INFLAMED.

LIVID. See BLUISH.

MEMBRANE, ADHERING firmly. Kali-b.

MEMBRANE, BLOOD STREAKED. Kali-b.

MEMBRANE, BLUISH. Carbol-ac., Lach., Merc-cyan., Merc-j-ru.

MEMBRANE, BROWNISH. Iod., Lac-can.

MEMBRANE, CURDY. Lac-can.

MEMBRANE, DARK. Bapt., Lac-can., *Phytol.*

MEMBRANE, DEEP SEATED. Ailanth., Apis, Kali-bi., Nit-ac.

MEMBRANE, DIRTY looking. Apis, *Lac-can.*

MEMBRANE, DRY. Arsen.

MEMBRANE, DRY, leather like. Sticta.

MEMBRANE, ELASTIC. Kali-bi.

MEMBRANE, FETID. See FETID.

MEMBRANE, FIBRINOUS. Kali-bi.

MEMBRANE, GRAY. Apis, Carbol-ac., Iod., Kali-bi., Lac-can., Lyc., Merc-cyan., Merc-j-fl., Mur-ac., Nit-ac., *Phyt.*, Sul-ac.

MEMBRANE, GREENISH. Kali-bi., Lac-can.

MEMBRANE, IRREGULAR shaped. Lac-can., Merc-j-fl.

MEMBRANE, ISLANDS OF. See MEMBRANE, PATCHES.

MEMBRANE, LEATHERY. Merc-cyan.

MEMBRANE, LOOSE. Lac-can., Merc-j-fl., Merc-j-ru.

MEMBRANE, MARGIN ADVANCING. Apis.

MEMBRANE, MIGRATORY. Lac-can.

MEMBRANE, OFFENSIVE. See FETID.

MEMBRANE, PALE. Sinap.

MEMBRANE, PATCHES, in. Canth., Merc-j-ru.

MEMBRANE, PATCHES, SMALL. Ailanth., Canth., Igna., Iod., Kali-bi., LAC-CAN., Merc-j-fl., Merc-j-ru.

MEMBRANE, PEARLY. Kali-bi., Lac-can., Sang.

MEMBRANE, PROFUSE. Carbol-ac., Lach., Merc-cor., Sul-ac.

MEMBRANE, PUTRID. See FETID.

MEMBRANE, RED MARGIN. Apis.

MEMBRANE, REMAINS LONG. Sul.

MEMBRANE, SCANT. Apis, Lac-can., Merc-j-fl., Merc-j-ru.

MEMBRANE, SHINY MARGIN. Apis.

MEMBRANE, SOFT. Sul-ac.

MEMBRANE, SPONGY. Alum.

**OBJECTIVE**—*Continued.*

**MEMBRANE, THICK.** Arsen., Iod., Lac-can., Sul-ac.

**MEMBRANE, THIN.** Lac-can., Merc-cyan.

**MEMBRANE, TRANSPARENT.** Merc-j-fl., Merc-j-ru.

**MEMBRANE, VARIEGATED.** *Lac-can*

**MEMBRANE, VARNISHED looking.** Lac-can.

**MEMBRANE, WASH-LEATHER like.** Bapt.

**MEMBRANE, WHITE.** Am-caust., Iod., Lac-can., Lachanth., Lyc., Merc-cyan., Merc-j-fl., Mur-ac., Nit-ac.

**MEMBRANE, WRINKLED looking.** Arsen.

**MEMBRANE, YELLOWISH.** Kali-bi., Lac-can., Lach., Merc-cyan., Nit-ac., Rhus, Sul., Sul-ac.

**CEDEMA.** See SWELLING, CEDEMATOUS.

**OFFENSIVE.** See FETID.

**PURPLE.** See BLUISH.

**PUTRID swelling.** See FETID.

**RAW.** See INFLAMED, EXCORIATED, as if.

**REDNESS.** See INFLAMED.

**SHINING.** See INFLAMED, SHINING.

**SMELLING, badly.** See FETID.

**STINKING.** See FETID.

**SUPPURATING.** *Bary-cb., Hep., Kali-bi., Lac-can., Lach., Lyc., Merc-cor., Merc-j-fl., Merc-j-ru., Merc-viv., Niccol., Nit-ac., Phytol., Sil., Sul.*

**SWELLING.** *Æscul., Ailanth., Am-cb., Apis, Arsen., Arum., Bapt., Bary-cb., Bell., Bryon., Canth., Hepar, Igna., Kali-bi., Lac-can., Lach., Lyc., Merc-cor., Merc-j-fl., Merc-j-ru., Merc-viv., Mur-ac., Nit-ac., Phytol., Sal-ac., Sul-ac.*

**SWELLING, ERYSIPELATOUS.** *Apis, Bell., Merc., Rhus.*

**SWELLING, CEDEMATOUS.** *Ailanth., Am-carb., Apis, Bapt., Kali-bi., Kali-chlor., Kali-iod., Mur-ac., Nit-ac., Rhus, Sul-ac.*

**VARNISHED LOOKING.** Lac-can.

**VESICLES.** *Apis.*

**AGGRAVATION AND AMELIORATION.**

**AIR, COLD.** See COLD AIR.

**BENDING HEAD BACK.** Aggr. Lach.

**BEGINNING to swallow.** See SWALLOW, etc.

**BREATHING.** Aggr. Hep.

**BREATHING cold air.** See COLD AIR.

**BREATHING IN.** Aggr. Ailanth., Apis, Arum.

**CANDY.** See SWEETS.

**COLD AIR.** Aggr. Cistus, Merc.

**COLD AIR.** Amel. Sang.

**COLD DRINK.** Aggr. Canth., *Lyc.*

**COLD DRINK.** Amel. Lac-can.

AGGRAVATION AND AMELIORATION—*Continued.*

COLD FOOD. Aggr. *Lyc.*

COMMENCING SWALLOWING. See SWALLOWING, etc.

COUGHING. Aggr., *Acon.*, *Caps.*, *Hep.*

DRINKS, COLD. See COLD DRINK.

DRINKS, SWALLOWING. See SWALLOWING, etc.

DRINKS, WARM. See WARM DRINKS.

FOOD, COLD. See COLD FOOD.

FOOD, SWALLOWING. See SWALLOWING, etc.

FOOD, WARM. See WARM FOOD.

GAPING. Aggr. *Arg-met.*, *Niccol.*

HEAD, BENDING BACK. See BENDING, etc.

HEAD TURNING. See TURNING.

HOT THINGS. See WARM.

INHALING. See BREATHING IN.

LYING. Aggr. *Bell.*

MOVING TONGUE. Aggr. *Ambr.*

NECK, TURNING. See TURNING.

PROTRUDING TONGUE. Aggr. *Kali-bi.*

RESPIRATION. See BREATHING.

ROOM, WARM. See WARM ROOM.

SALIVA, SWALLOWING. See SWALLOWING, etc.

SLEEP, AFTER. Aggr. *Kali-bi.*, *Lach.*, *Lac-can.*, *Merc-j-ru.*

SPEAKING. Aggr. *Acon.*, *Bell.*, *Merc.*, *Rhus.*

SUDDEN. Aggr. or Amel. *Bell.*

SUGAR. See SWEETS.

SWALLOWING. Aggr. *Acon.*, *Æscul.*, *Ailanth.*, *Aloe*, *Anac.*, *APIS*, *Arg-met.*, *Arsen.*, *Arum.*, *Asaf.*, *Bary-cb.*, *BELL.*, *Bovist.*, *Brom.*, *BRYON.*, *Calc.*, *Calc-ph.*, *Camph.*, *Canth.*, *Caps.*, *Cham.*, *China*, *Cinnab.*, *Coccul.*, *Coff.*, *Colch.*, *Con.*, *Crocus.*, *Crotal-hor.*, *Croton-tig.*, *Dros.*, *Elaps.*, *Gels.*, *Hell.*, *HEP.*, *Hydras.*, *Hyos.*, *Ign.*, *Iod.*, *Kali-bi.*, *Kali-bro.*, *Kali-cb.*, *Kali-chl.*, *Kali-nit.*, *Kreos.*, *LACH.*, *LAC-CAN.*, *Lyc.*, *Mag-cb.*, *Meny.*, *Merc-cor.*, *MERC-J-FL.*, *Merc-j-ru.*, *MERC-VIV.*, *Mur-ac.*, *Nat-mur.*, *NIT-ac.*, *Nux.*, *Opi.*, *Petrol.*, *Phos.*, *Physos.*, *Phytol.*, *Plat.*, *Plumb.*, *Pul.*, *Ran-bulb.*, *Rhod.*, *Rhus*, *Ruta*, *Sang.*, *Sars.*, *Sep.*, *Sil.*, *Spig.*, *Stan.*, *Staph.*, *Stram.*, *SUL.*, *Sul-an.*, *Tart.*, *Thu.*, *Verat.*

SWALLOWING. Amel. *Alum.*, *Ambr.*, *Arg-met.*, *Arn.*, *Bapt.*, *Bell.*, *Caps.*, *Chel.*, *Cistus*, *Dig.*, *Graph.*, *IGNA.*, *Kali-bi.*, *Lach.*, *Lac-can.*, *Laur.*, *Mang.*, *Merc.*, *Mezer.*, *Nit-ac.*, *Nux.*, *Paris*, *Phos-ac.*, *Puls.*, *Rheum*, *Sabadil.*, *Sabina*, *Spong.*, *Squil.*, *Stan.*, *Staph.*, *Sul.*, *Sul-ac.*, *Tarax.*, *Zinc.*

SWALLOWING, BEGINNING. Aggr. *Rhus.*

SWALLOWING, COLD. See COLD, etc.

SWALLOWING DRINKS. Amel. *Lac-can.*

SWALLOWING, EMPTY. See SWALLOWING SALIVA.

SWALLOWING FOOD, AFTER. Aggr. *Ambr.*, *Bary-c.*, *Bryon.*, *Hep.*, *Iod.*, *Nit-ac.*, *Nux.*, *Petrol.*, *Phos.*, *Puls.*, *Rhus*, *Sep.*, *Sul.*, *Zinc.*



**AGGRAVATION AND AMELIORATION**—*Continued*

SWALLOWING FOOD, DURING. Aggr. Alum., Bapt., *Bary-cb.*, Bry., Hep., Iod., Lach., Lac-can., Nit-ac., Nux, Petrol., Phos., Phos-ac., *Rhus*, Sep., Sul., Zinc.

SWALLOWING FOOD, DURING. Amel. *Ign.*

SWALLOWING LIQUIDS. Aggr. BELL., Bry., *Canth.*, Cina, Hyos., *Ign.*, Iod., LACH., Lyc., *Merc-cor.*, *Merc-viv.*, Phos., *Stram.*, Sul-ac.

SWALLOWING SALIVA. Aggr. Arg-met., *Bary-cb.*, Bell., Bry., Caps., Crocus, Hepar, LACH., Lac-can., *Merc-j-fl.*, *Merc-j-ru.*, *Merc-viv.*, Nux, Puls., *Rhus*, Sul., Thu.

SWALLOWING WARM things. See WARM.

SWEETS. Aggr. Sang.

SWEETS. Amel. Arsen., Bell.

TALKING. See SPEAKING.

TONGUE, MOVING. See MOVING TONGUE.

TONGUE, PROTRUDING. See PROTRUDING TONGUE.

TOUCHING neck. Aggr. Ailanth., Apis, Bell., Bry., Kali-bi., LACH., *Lac-can.*, Phytol., Sal-acid.

TOUCHING NECK, LEFT side. Aggr. *Lach.*

TOUCHING NECK, RIGHT side. Aggr. *Niccol.*

TURNING HEAD. Aggr. Bell., Brom., Bry., Hepar, Lach.

TWISTING NECK. See TURNING HEAD.

WARM DRINKS. Aggr. *Lach.*, Phytol.

WARM DRINKS. Amel. *Lyc.*

WARM FOOD. Amel. *Lyc.*

WARM ROOM. Aggr. Bry.

WARMTH in general. Amel. Arsen.

WATER, DRINKING COLD. See COLD DRINKS.

YAWNING. See GAPING.

**REGION.**

*Affected either Subjectively or Objectively.*

ARCH OF PALATE. See PALATE, ARCH OF.

BACK OF FAUCES. See FAUCES, POSTERIOR.

BEGINNING ON. See part affected.

DOWNWARD, EXTENDING. Brom., *Canth.*, Lac-can.

EARS, EXTENDING TO. Apis, Bell., Calc., Gels., Hepar, *Ign.*, Ipec., Kali-bi., Kali-nit., Lach., *Lac-can.*, Mag-mur., Merc., Nux, *Phytol.*, Sal-acid, Sars., Sul.

EARS, EXTENDING TO LEFT. *Kali-bi.*, *Lac-can.*

EARS, EXTENDING TO RIGHT. Brom., Lac-can., Sol-nig.

ENTIRE THROAT. Arsen., Am-caust., Kali-perm., Lac-can., Sul.

EXTENDING TO or FROM. See part affected.

FAUCES, LEFT SIDE. See SIDE, LEFT.

FAUCES, POSTERIOR. *Æscul.*, Apis, Am-caust., *Canth.*, Kali-bi., *Lac-can.*, *Merc-j-fl.*, Mur-ac., Nit-ac., *Phytol.*, Sul.

## REGION—Continued.

FAUCES, RIGHT SIDE. See SIDE, RIGHT.

GUMS, extending to. Lach.

LARYNX. Acon., *All-cep.*, Am-mur., Apis, Arg-met., Arg-nit., Arsen., Arsen-jod., Arum, Bapt., Bary-cb., Bell., Brom., Callad., Canth., Caps., Carb-veg., Caust., Cham., Cimicif., Cina, Coccul., Coff., Dros., Hep., Iod., Ipec., *Kali-bi.*, Kali-iod., *Kali-perm.*, Lach., *Lac-can.*, Lactuc., Laur., Mang., *Nux.*, Osmium, Paris, Phos., Puls., Sabadil., Seneg., *Spong.*, Sul., Verat.

LARYNX, BEGINNING IN. Brom., *Lac-can.*

LARYNX, EXTENDING TO. Brom., *Lac-can.*, Lach.

LEFT SIDE. See SIDE, LEFT.

LIP. Arsen-jod., Arum, Bell., Bryon., Na-mur., Rhus, Sepia, Sul.

LIP, LOWER. Bry., Calc., Ign., Na-cb., Na-mur., Puls., Sep., Sul.

LIP, UPPER. Arsen., Bary-cb., Bell., Carb-veg., Caust., Cicuta, Graph., *Kali cb.*, Kreos., Merc-viv., Na-cb., Na-mur., Psor., Rhus, Staph., Sul.

MOUTH. Acon., Alum, ARSEN., Arum, Bapt., Bary-cb., BELL., Borax, Bry., Calc-cb., Canth., Caps., Carb-veg., Cham., China, Flu-ac., Igua., Iod., *Kali-bi.*, KALI-CHL., Lach., Lyc., *Merc-cor.*, Merc-cyan., MERO-VIV., Mezer., Mur-ac., Nit-ac., *Nux.*, Phos., Puls., Rhus, Sabadil., Sep., Stram., Sul., Sul-ac., Thu.

MOUTH, AROUND. Agar., Aloe, Alum., Am-cb., Ant-crud., ARSEN., ARUM, Bary-cb., Bell., Bovis., BRYON., *Calc.*, Can-sat., Caps., *Caust.*, Cicuta, Con., Croton-tig., *Kali-cb.*, KALI-CHLOR., KREOS., Laur., Led., Lyc., Mag-cb., Mag-mu., *Merc-cor.*, Merc-viv., Mezer, *Mur-ac.*, Na-cb., NAT-MUR., *Nux.*, Paris, Petrol., Phos., Phos-ac., Puls., *Ran-bulb.*, RHUS, SEPIA, Sil., Spong., STAPH., SUL., Tarax., Verat.

MOUTH, CORNERS of. Ant-c., Arsen., Arum, Bell., Bry., Calc., Calc-flu., *Caust.*, Cicut., Cund., Graph., Hepar, Iod., *Kali-bi.*, Kreos., Mang., MERC., Na-carb., Nat-mur., NIT-AC., Petrol., Phos., Sep., Sil.

MOUTH, ROOF of. See PALATE.

NOSE, ALÆ. Aur., Brom., Canth., Caust., Coccus-cact., Euphras., Mag-mu., Merc., Mezer., Na-mu., *Nux.*, Phos., Plumb., Puls., Rhus., Sil., Squil., Sul.

NOSE, BEGINNING IN. Lyc., Merc-cyan.

NOSE, EXTENDING TO. Kali-bi., Merc-cor., Merc-viv., Nit-ac.

NOSE, INTERNAL. Acon., Agar., Ailanth., All-cep., Alum., Am-cb., Am-mu., Anac., Ant-crud., Ant-tart., Apis, Arg-nit., Arn., Arsen., ARUM., Aur., Bary-cb., Bell., Borax, Brom., Bryon., Calc., Camph., Canth., Caps., Caust., Cham., Cina, Ciemat., Coccul., Coccus-cact., Colch., Con., Euphras., Flu-ac., Gamb., Graph., Hydras., Hyos., Ign., Iod., KALI-BI., *Kali-cb.*, *Kali-iod.*, Kali-nit., Kreos., Lach., Lyc., Mar-v-t., *Merc-cor.*, Merc-j-ru., *Merc-cor.*, Mezer, Nat-ars., Nat-mur., NIT-AC., Nux, Petrol., Phos., Phytol., Plant., Podo., Puls., Ran-bul., Rhus, Rumex, Sabadil., Secale, Senega, Sepia, Sil., Squil., Staph., Sticta., SUL., Therid., Thu., Verat.

NOSE, SEPTUM. Crot-tig., Hydrast., Kali-bi., Lyc., Merc., Sil., Sul.

PALATE, ARCH of. Aloe, Am-caust., Apis, Bell., Berb., Kali-bi., Lyc., Merc-cyan., Merc-j-fl., Mezer., Mur-ac., Nit-ac., Tabac.

REGION—*Continued.*

PALATE, ARCH of, BEGINNING on. Apis.

PALATE, HARD. Acon., Apis, Arsen., Aur., *Bary cb.*, BELL., Borax, Bry., Calc., Camph., Canth., Caps., Carb-veg., Coccul., Colo., Crocus, Crot-tig., Euphor., Ign., Kali-cb., Lac-can., Meny., Merc., Mezer., Nit-ac., Nux, Paris, Phos., Rhus, Sabad., Sang., Spig., Spong., Squil., Staph., Sticta, Sul., Zinc.

PALATE, SOFT. Acon., Am-caust., Arg-met., Arg-nit., Arum, Aur., Bell., Dig., Dros., Iod., Kali-bi., Kali-nit., Lach., Lac-can., Merc-cor., Merc-j-fl., MERC-VIV., Mezer., Mur-ac., Nat-ars., Nu-mur., Phos., Phos-ac., Phytol., Ran-bulb., Ran-scol., Sang., Sars., Sil., Sticta., Stram., Sul., Sul-ac., Zinc.

PALATE, SOFT, BEGINNING on. Apis., Arsen.

PALATE, SOFT, LEFT side of. Merc-cyan.

POSTERIOR, FAUCES. See FAUCES, POSTERIOR.

RIGHT SIDE. See SIDE, RIGHT.

SIDE, LEFT. Acon., Aescul., Ant-tart., Apis, Arum, Aur., *Bary cb.*, Bell., Bryon., Caps., Carb-an., Caust., Colch., Crocus, Cup-met., Euphorb., Gels., Graph., Hep., Kali-bi., Kali-cb., LACH., Lachnanth., Lac-can., Lyc., Marum-v-t., Meny., Merc-cyan, *Merc-j-fl.*, Mezer., Nit-ac., Nux-mos., *Nux-vom.*, Phos., Phytol., Puls., Rhodo., Rhus, Sabina, Senega, Sepia, Sil., Sul., Tarax., Thuja, Verat., Zinc.

SIDE, LEFT, BEGINNING on. LACH., Lac-can.

SIDE RIGHT. Alum., Am-cb., Arsen., Bell., Brom. Bryon., Calc., Canth., Caps., Carb-veg., Caust., China, Coloc., Dros., Flu-ac., Gels., Ign., Kreos., Lach., Lac-can., LYC., Mar-v-t., *Merc-j-fl.*, *Merc-viv.*, Nu-mur., Niccol., Nit-ac., Nux, Petrol., Phytol., Plumb., Psor., Ran-bulb., Rhus, Sabad., Sal-acid., Sang., Sepia, Spig., Stan., Sul., Thu.

SIDE, RIGHT, BEGINNING on. Lac-can., LYC., Merc-j-fl., Rhus.

TONGUE. Acon., Ailanth., Am-mu., Apis, Arg-nit., Arsen., ARUM., Bary-cb., Bell., Borax, Bryon., Calc-ph., Canth., Caust., Cham., Chel., China, Dig., Hydras., Hyos., KALI-BI., Kali-bro., Kali-jod., Lach., Lyc., Merc-cor., *Merc-j-fl.*, MERC-VIV., Mur-ac., Nat-mur., NIT-AC., Nux, Opium, Phos., Plumb., Podo., Puls., Rhus, Sabad., Secale, Sep., Spig., Stan., Stram., SUL., Tarax., Verat., Verat-vir., Verbas., Zinc.

TONGUE, FORE PART. Bell., Merc-cor., Merc-viv., Sep., Sil.

TONGUE, FRÆNUM. Ign., Kali-cb.

TONGUE, MIDDLE. Acon., Arsen., Phos., Puls., Rhus, Verat.

TONGUE, ROOT of. Arum., Kali-bi., Nit-ac., Phytol., Thuja.

TONGUE, SIDES of. Arsen., Canth., Kali-bi., Lach., Merc-j-fl., Merc-viv., Phytol., Sul.

TONGUE, TIP of. Acon., Arg-nit., Arsen., Kali-cb., Merc-j-fl., Phytol., Puls., Rhus, Sep.

TONSILS. Acon., Aescul., Ailanth., Am-cb., Am-caust., Am-mur., Apis, Arsen., Bapt., BARY-CB., Bary-mur., BELL., Calc-ph., Canth., Crot-tig., Hep., Ign., Iod., Kali-bi., LAC-CAN., LACH., LYC., Merc-cor., Merc-cyan, *Merc-j-fl.*, *Merc-j-fl.*, *Merc-viv.*, Mur-ac., NIT-AC., PHYTOL., Ran-bulb., Sabad., Sul., Sul-ac.



REGION—*Continued.*

TONSILS, LEFT. See SIDE, LEFT.

TONSILS, RIGHT. See SIDE, RIGHT.

UVULA. *Apis*, *Bell.*, *Caps.*, *Hyos.*, *KALI-BI.*, *Lac-can.*, *Merc-cor.*, *Merc-j-fl.*,  
*Merc-j-ru.*, *Merc-viv.*, *Mur-ac.*, *Nat-mur.*, *Nit-ac.*, *Rhus*, *Sul.*, *Sul-ac.*

VELUM. See PALATE, SOFT.

## CONCOMITANT.

APHONIA. See VOICE, LOSS OF.

BACK, PAIN IN, ON SWALLOWING. *Kali-cb.*, *Raphan.*, *Rhus.*

BREATHING, SUFFOCATIVE. See SUFFOCATION.

CERVICAL GLANDS. See GLANDS, CERVICAL.

CHEST, PAIN IN, ON SWALLOWING. *Calc-ph.*

CONVULSIONS, ON SWALLOWING. *Lyc.*

CROUP. See VOICE, CROUPY.

DYSPNOEA, VIOLENT. See SUFFOCATION.

ELONGATED UVULA. See UVULA, ELONGATED.

EPISTAXIS. See NOSE BLEEDING.

GLANDS, CERVICAL and submaxillary. *Ailanth.*, *Am-mur.*, *Apis*, *Arum.*, *Aur.*,  
*Bary-cb.*, *Bell.*, *Calc.*, *Carb-an.*, *Carb-veg.*, *Carbol-ac.*, *Cham.*, *Clem.*, *Con.*,  
*Cor-rub.*, *Graph.*, *Ign.*, *Iod.*, *Kali-bi.*, *Kali-cb.*, *Kali-iod.*, *Lach.*, *Lyc.*,  
*Merc-cor.*, *Merc-cyan.*, *Merc-j-fl.*, *Merc-j-ru.*, *Merc-viv.*, *Nat-cb.*, *Nit-ac.*,  
*Psor.*, *Rhus*, *Sil.*, *Spig.*, *Spong.*, *Staph.*, *Sul.*, *Sul-ac.*

GLANDS, PAROTID. *Aran.*, *Arg-met.*, *Arum*, *Bapt.*, *Bell.*, *Brom.*, *Bry.*, *Calc.*,  
*Carb-an.*, *Carb-veg.*, *Cham.*, *Coccus-cact.*, *Con.*, *Diosc.*, *Form.*, *Ign.*, *Kali-bi.*,  
*Kali-cb.*, *Lach.*, *Lac-can.*, *Merc-cyan.*, *MERC-J-FL.*, *Merc-j-ru.*, *Merc-viv.*,  
*Plumb.*, *RHUS*, *Sabad.*, *Sep.*, *Sil.*, *Sul.*, *Sul-ac.*, *Sumb.*

GLANDS, SALIVARY. *Ambr.*, *Bary-mu.*, *Cham.*, *China*, *Ign.*, *Kali nit.*,  
*Merc-cor.*, *Merc-j-fl.*, *Merc-viv.*, *Thuj.*

GLANDS, SUBMAXILLARY. See GLANDS, CERVICAL and SUBMAXILLARY.

HEAD DRAWN to one side. See TORTICOLIS.

HOARSENESS. See VOICE, HOARSE.

NECK DRAWN to one side. See TORTICOLIS.

NECK, STIFFNESS of. *Am-mu.*, *Bell.*, *Bry.*, *Calc-ph.*, *Chel.*, *Crocus*, *Cycla.*,  
*Dig.*, *Fer-met.*, *Glon.*, *Hell.*, *Lach.*, *Lachnan.*, *Merc-j-fl.*, *Merc-viv.*, *Mezer.*,  
*Nit-ac.*, *Phytol.*, *Rhus*, *Selen.*, *Spig.*, *Spong.*, *Squill.*, *Sul.*, *Tabac.*

NECK, STIFFNESS, LEFT side. *Bell.*, *Brom.*, *Carb-an.*, *Chel.*, *Coloc.*, *Huron.*,  
*Kreos.*, *Laur.*, *Lyc.*, *Na-ars.*, *Sil.*, *Zingiber.*

NECK, STIFFNESS, NAPE. *Agar.*, *Am mur.*, *Anac.*, *Ang.*, *Ars*, *Bary-cb.*, *Bell.*,  
*Berb.*, *Bry.*, *Calc.*, *Calc-ph.*, *Camph.*, *Canth.*, *Caps.*, *Caust.*, *Cor-rub.*, *Dig.*,  
*Dros.*, *Dulc.*, *Glon.*, *Graph.*, *Guaic.*, *Hell.*, *Ign.*, *Kali-cb.*, *Lach.*, *Lyc.*, *Mag-cb.*,  
*Mang.*, *Meny.*, *Merc-viv.*, *Mezer.*, *Nat-cb.*, *Nat-mur.*, *Nit-ac.*, *Nux.*, *Oleum-an.*,  
*Phos.*, *Plat.*, *Psor.*, *Rat.*, *Rhod.*, *Rhus*, *Secale*, *Selen.*, *Sep.*, *Sil.*, *Spong.*,  
*Squill.*, *Staph.*, *Sul.*, *Thu.*, *Verat.*, *Zinc*, *Zingiber.*

NECK, STIFFNESS, RIGHT side. *Caust.*, *Elaps.*, *Merc-j-fl.*, *Nat-mur.*, *Petrol.*, *Sil.*

**CONCOMITANT**—*Continued.*

NECK, SWOLLEN. (Compare GLANDS.) *Æscul., Ailanth., Arsen., Bary-ch., Bell., Canth., Graph., Hydr-ac., Kali-iod., Kali-nit., Merc-sol., Rhus.*

NECK, TENDERNESS of. See AGG. and AMEL. TOUCHING neck, aggr.

NOSE, BLEEDING. *Acon., Aloe, Ambr., Ant-c., Arn., Arsen., Asar., Aur., Bary-ch., Bell., Bism., Bovis., Bryon., Cactus., Calc., Calc-ph., Canth., Caps., Carb-an., Carb-veg., Cham., China, Colch., Con., Crocus., Crot-tg., Cup-met., Dig., Dros., Dule., Elaps., Fer., Graph., Ham., Hydras., Hyos., Igna., Ipec., Kali-ch., Kali-nit., Kreos., Lach., Ledum, Lye., Merc-cor., Merc-mo., Mosch., Mur-ac., Nat-ch., Nat-mur., Nit-ac., Nux-mos., Nux-vom., Paris., Petrol., Phos., Phos-ac., Plat., Puls., Ran-bulb., Rhus., Sabad., Sabia., Secale, Sep., Sil., Squill., Staph., Stram., Sul., Tereb., Thuj., Verat., Zinc.*

PARALYSIS. *Arn., Bary-ch., Caust., Coccus-cact., Diphther., Cup-met., Gels., Nux., Plumb., Rhus., Stan., Sul., Syphil., Thu., Zinc.*

PAROTID GLANDS. See GLANDS, PAROTID.

RESPIRATION, SUFFOCATIVE. See SUFFOCATION.

SALIVARY GLANDS. See GLANDS, SALIVARY.

SCARLET RASH, with. *Ailanth., Am-ch., Arsen., Arum, Bell., Carb-veg., Lach., Phytol., Sul.*

SPASMS on swallowing. See CONVULSIONS.

STIFFNESS OF NECK. See NECK, STIFFNESS of.

STOMACH, PAIN IN, ON SWALLOWING. *Calc-ph.*

SUBMAXILLARY glands. See GLANDS, CERVICAL and SUBMAXILLARY.

SUFFOCATION threatened. *Apis, Lach.*

SWALLOWING, CONSTANT inclination. *Æscul., Alum., Arsen., Arum, Bapt., Bell., Bry., Caust., Cistus, Coccus-cact., Con., Gels., Gratiol., Hydrophb., Kali-perm., Lach., Lact-acid., Lac-can., Lye., Merc-j-fl., Merc-viv., Nat-sul., Nux-mos., Phytol., Plumb., Sabadil., Seneg., Sep., Staph., Tilia.*

SWALLOWING, DIFFICULT. *Am-caust., Arsen., Arum, Bary-ch., Bell., Bryon., Canth., Ign., Lach., Lac-can., Lye., Merc-j-fl., Merc-j-ru., Merc-viv., Nit-ac., Phytol., Sul., Sul-ac.*

SWALLOWING, DIFFICULT, FOOD (of). *Bapt., Bary-ch., Rhus.*

SWALLOWING, DIFFICULT, LIQUIDS (of). *Bell., Canth., Igna., Lach., Lye., Merc-cor., Stram., Sul-ac.*

SWALLOWING IMPOSSIBLE. *Acon., Ant-tart., Apis, Arum, Bell., Cicut., Gels., Hyos., Lye., Mur-ac., Stram.*

SWALLOWING, IMPOSSIBLE, SOLIDS (of). *Bapt., Bry., Ign., Sil.*

SWALLOWING, RETURNS THROUGH NOSE. *Bell., Lach., Lac-can., Lye., Merc-viv., Nit-ac., Sul., Sul-ac.*

TENDERNESS OF NECK. See AGGR. and AMEL. TOUCHING neck. Agg.

TORTICOLIS. *Bell., Calc., Cina, LACHNAN., Lye., Nux., Rhus., Sul.*

UVULA, ELONGATED. *Apis, Caps., Kali-bi., Lye., Merc-cor., Merc-p-rub., Merc-viv., Nat-mur., Sul.*

VOICE, CROUPY. *Acon., Am-ch., Ant-tart., Asaf., Asar., Bell., Brom., Cham., China, Dros., HEPAR, Iod., Kali-bi., LAC-CAN., Phos., Samb., Sang., Spong., Sul-ac.*

CONCOMITANT—*Continued.*

VOICE, DEEP. See VOICE, ROUGH.

VOICE, FEEBLE. See VOICE, WEAK.

VOICE, HIGH. (Squeaking.) Acon., Arsen., Cup-met., Dros., Lac-acid., Rumex, Stan., *Stram.*

VOICE, HOARSE. Acon., Alum., Ambr., Am-caust., Am-cb., Am-mur., Angua., Ant-tart., Apis, Arn., Arsen., Bary-cb., Bell., Berb., Bovis, Brom., Bry., Calc., Calc-caust., Canth., Caps., Carb-an., Carb-veg., Caust., Cham., China, Cicut., Cina, Coccus-cact., Colch., Crot-hor., Cup-met., Dig., Dros., Dule., Fer., Gels., Graph., Hepar, Hydr-ac., Hyper., Iod., Kali-bi., Kali-cb., Kali-chl., Kali-nit., Kreos., Lach., Lact., Laur., Led., Lyc., Mag-cb., Mag-mur., Mangan., Meny., Merc-cor., Merc-sulph., Merc-viv., Mezer., Murex, Mur-ac., Nat-cb., Nat mur., Niccol., Nit-ac., Nux-mos., Nux-vom., Opium, Oxal-ac., Paris, Petrol., Phos., Phos-ac., Plumb., Puls., Rhod., Rhus, Sabad., Samb., Secale, Selen., Seneg., Sep., Sil., Spig., Spong., Stan., Staph., Stront-c., Sul., Sul-ac., Thu., Tilia, Verat., Verbas., Zinc.

VOICE, INDISTINCT. See VOICE, WEAK.

VOICE, LOSS of. Am-caust., Ant-c., Bell., Brom., Caust., Kali-iod., Lach., Merc-cyan., Phos., Puls., Stram.

VOICE, NASAL. Aur., Bell., Bryon., Caust., Kali-iod., Lach., Merc-viv., Phos., Rumex, Sang., Sinap., Staph.

VOICE, ROUGH (bass). Alum., Ambr., Anac., Ant-c., Bell., Brom., Bryon., Carb-veg., Caust., China, Crotal-h., Dig., Dros., Hepar, Hyos., Iod., Kali-bi., Nux, Paris, Phos., Puls., Samb., Seneg., Spong., Stan., Sul., Verat., Verbas.

VOICE, WEAK. Am-caust., Ant-c., Ant-tart., Arsen., Bary-c., Bell., Brom., Camp., Can-sat., Caust., Coccus-cact., Crot-hor., Gels., Hepar, Laches., Lyc., Phos., Stram.

WHISTLING SOUND IN TRACHEA. Merc-cyan.

WRY NECK. See TORTICOLIS.

Adjourned to 9.30 A. M.

*Fourth Day—Morning Session.*

FRIDAY, June 24th, 1892, 9.30 A. M.

The following were elected officers of the Association for the ensuing year: President, Edward Rushmore, M. D.; Vice-President, T. S. Hoyne, M. D.; Secretary, Samuel A. Kimball, M. D.; Corresponding Secretary, Samuel Long, M. D.; Treasurer, Franklin Powel, M. D.

Board of Censors: W. P. Wesselhœft, M. D., Chairman. E. T. Adams, M. D., H. C. Allen, M. D., B. Le Baron Baylies, M. D., A. R. Morgan, M. D.



Dr. A. B. Carr was appointed Necrologist.

The Chairmen for the Bureaus were appointed as follows :

(Dr. B. Fincke had been previously appointed Chairman of the Bureau of Homœopathic Philosophy.)

Bureau of Materia Medica, Dr. Geo. H. Clark ; Bureau of Clinical Medicine, Dr. A. R. Morgan ; Bureau of Obstetrics, Dr. Julia Morton Plummer ; Bureau of Surgery, Dr. W. L. Reed.

The following resolution was presented by Dr. Custis and was adopted :

*Resolved:* That it is the sense of this meeting that we take part in the World's Congress of Physicians at Chicago, if practicable, and it is desired that we meet in the vicinity of Chicago.

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## BUREAU OF OBSTETRICS.

D. C. McLAREN, M. D., CHAIRMAN.

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### A MISCARRIAGE BETWEEN THE FOURTH AND FIFTH MONTHS.

SAMUEL A. KIMBALL, M. D., BOSTON, MASS.

This case illustrates the possibility of a continuous hemorrhage from the uterus, putrid in character from the products of decomposition, extending over a period of three months, without producing a miscarriage until between the fourth and fifth months.

A woman, unmarried, about thirty years of age, menstruated the first week in October, 1891.

She did not menstruate in November, but it was not unusual for her to be two or three weeks late.

She menstruated again the second week in December, so she informed me, and the flow continued, a bloody, excoriating, offensive discharge.

There was nausea, vomiting, faintness, craving for different articles of food ; pain in the uterine region with soreness of the abdomen and epigastrium.

I was suspicious of pregnancy, but this was absolutely denied and no examination was permitted. Various remedies afforded only a temporary relief. The flow at times increased and would be bright red in color, then again, pale and watery, and at one time greenish, but always very offensive and excoriating; yet she was up and about.

February 11th.—She had a severe attack of pain in the uterine region, with the expulsion of a large amount of clots. The flow was bright red and hot, the clots large and black. She was very nervous and excitable, very sensitive to a jar of the bed. The vaginal and uterine regions were so sore to touch that any attempt to make an examination caused such an aggravation of all her symptoms that I desisted. Two doses of Bell.<sup>cm</sup>, Johnstone, in water stopped the pain and severe flowing in two hours. After this she was much debilitated, but was up and about the house in two weeks. The bloody discharge still continued.

March 1st.—She had another attack of severe uterine pain and passed a male foetus. It was nine or ten inches in length, the genital organs were formed but there were no signs of life.

It must have been between the fourth and fifth month of development, as the last menstruation was the first week of October.

She then told me that the menses not appearing in December, an abortion was attempted, which was followed by profuse flowing. This she referred to when she informed me she had menstruated at that time.

After the birth of the foetus, the placenta was retained in utero, not coming away until the next day. It was four inches in diameter. One quarter was of a grayish color, and it had an intolerable odor.

This accounted for the offensive discharge of such long standing.

Then her breasts became hot, swollen, and painful, and there was considerable secretion of milk.

The lochia were very offensive, but her temperature was about 99°, one day reaching 99.6°. No douches were used, but the indicated remedies were prescribed, the utmost cleanliness observed, and in three weeks she was able to go out.

## DISCUSSION.

Dr. Campbell—Does Dr. Kimball mean that he is in the habit of using douches?

Dr. Kimball—I never use them. I merely stated that, because it is the practice of others to use douches in such cases. As I mentioned in the paper, an abortion had been attempted but was not successful. She told me that a catheter was introduced into the uterus and blown into; this detached a portion of the placenta, which caused the hemorrhage and later the foul odor.

Dr. Campbell—I had a very similar case; the flow did not continue as long, but the result was the same.

Dr. W. L. Morgan—In the last eight years I have had two such cases with excessively foul secretion, and all the indications of septicæmia. I have never used douches or washes, but simply give the remedy. Each case made a good recovery and had no bad sequelæ.

Dr. Dever—I think Dr. Kimball brought out one very important diagnostic symptom, and that was the fetor. I do not remember ever having had one of those cases with this fetor that had not been meddled with.

Dr. F. Powel—I have had several cases similar to that of Dr. Kimball's. I have never used douches, but have always been able to control the trouble by means of the internal remedy.

Dr. Kennedy—The American Institute seems to be growing in this direction. Last week at the meeting many members said that they had almost entirely discarded douches in obstetrics.

Dr. Tompkins—Some years ago I had a case of death of fœtus at seven months from placental disease, in which there was no effort of nature toward expulsion till at least a month had expired. There had been no motion of the fœtus for more than a week when I was called. I prescribed for what slight constitutional disturbance the mother exhibited, and simply watched the case. Two or three weeks later labor pains appeared and the fœtus was expelled in a somewhat macerated



state but with no sign of decomposition about it; no hint of fetor even.

A particularly notable thing about this case was the fact that the flow following the birth at no time took on a lochial character, but was in all respects like the patient's ordinary menstrual flow. Would not this indicate that the area of placental attachment had not recently been "freshened"? And that the dead fœtus had been preserved from putrefaction for a month, at least, while having no placental connection with the mother? Again there seems to be an indication that the menstrual impulse, in this case, became the motive power by which the uterus rid itself of its profitless burden.

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## PUERPERAL CONVULSIONS.

R. E. JAMESON, M. D., JAMAICA PLAIN, BOSTON, MASS.

Mrs. A., aged thirty-two, of a decidedly psoric constitution. Mother at climacteric season for four years and died of insanity. Her aunt, sister to her mother, died of puerperal convulsions at thirty-two. When eighteen was thrown from a carriage and spine injured. Suffered for several years with uterine disease, and received all kinds of local treatment at the hands of so-called homœopathic physicians. In January, 1882, gave birth to a daughter, and was in poor health for several years. Between the birth of her daughter and 1890, when I first became acquainted with her, had two miscarriages. In 1890 became pregnant again and called me in to relieve her of various symptoms incident to her condition, and prevent if possible another miscarriage. She had a good deal of leucorrhœa, constipation, headaches, and indigestion, with vomiting. Her headache and the gastric symptoms were aggravated by motion, and I gave her *Bryonia*<sup>em</sup>, which relieved all the symptoms but the leucorrhœa. For that I gave her *Puls.* and *Sepia*, which helped it very much but did not entirely cure it. She went to term and was delivered of a girl, that lived only twenty-four hours. She

became pregnant again, as she was very anxious to have children, and had a much more comfortable time than at any previous pregnancy. April 4th last I was called about half-past twelve A. M. As she had previously had tedious labors her husband, who summoned me, did not hurry very much, and when I arrived I was very much surprised on being told that the baby had arrived. She had had a very easy labor, and was feeling very happy over the advent of the boy. I visited her again at half-past nine and found her comfortable with the exception of headache, which she said was not very bad and which did not alarm me, as she was so subject to headache. I left a remedy for it, however. At eleven o'clock I called at my house and was told by my wife that I was wanted at once at Mrs. A.'s, that she was in convulsions. I drove at once to her and found her in a violent spasm, the fourth that she had had. Her face was of a bluish color, there were twitchings of the muscles, especially of the face and eyelids; with great restlessness, tossing from one side of the bed to the other, with constant delirium. I gave her Hyoseyamus. In two hours there was apparently a little improvement in that she became conscious, and said she felt very uncomfortable and wanted to pass water. The improvement did not last, however, and I sent for Dr. Wesselhøft. The symptoms changed, there were now stupor, stertorous breathing, rigidity of limbs, head turned to right, eyes turned up, pupils dilated, and nearly insensible to light; pulse rapid; throws arms out at right angles with body, frothing at mouth, face livid and bloated, tongue swollen and abdomen very much distended and tympanitic. Hot sweat. I gave Opium, which was approved by Dr. Wesselhøft. Dr. Kimball came out at night, and remained till morning. We went over the symptoms together very carefully, and could find nothing better indicated than the Opium. In the night, however, the symptoms changed again. The stertor gave place to a constant moaning between the spasms. The spasm began in the right eyelid, and the right side was convulsed, while the left was motionless, as though paralyzed. The hot sweat continued, and there was rolling of the head on the pillow. Dr. Kimball gave Bell.<sup>cm</sup>. The

spasms were not quite so frequent, and from 5.30 to 8.30 she had none; between that and 11.30 she had five. I repeated the Bell. at 8.30 and at 10.30. At 11.30 she had the last one. Then respiration ceased and the pulse could scarcely be felt, and I thought she was gone. She remained unconscious till Wednesday night, about thirty hours after the convulsion ceased, when a violent delirium set in, and it was difficult to keep her in bed. Her screams could be heard over the neighborhood. I gave Coffea, Hyoscyamus, and Stramonium, as they seemed indicated. On Saturday her husband said her mental condition seemed like anger, real ugliness. I did not wonder that he thought so, for she struck him several times in the face. I asked him if she had shown any such disposition during her pregnancy or during labor. I had never seen anything of it, and had not been told of any such symptoms. He answered, "Oh! yes." The little daughter came to him one day and wanted him to take her somewhere because mamma treated her so, and sometimes it seemed impossible to do anything to please her. Saturday night or Sunday morning I gave her Chamomilla. Sunday P. M. I called, and found her in a quiet sleep. In the evening I called again, and she was still sleeping, though she had awakened once or twice and taken nourishment. From that time she improved, and is now perfectly well.

#### MASTITIS.

Mrs. F., about two weeks after confinement, called me in to see her breast, which was somewhat inflamed, but not very painful. It was on the right side, and the inflammation was of a pale red. I gave Bryonia, and in a few days called again and found it worse; the inflammation had increased and extended in area. She said the pains were pricking in character. It looked very much as though an abscess was inevitable. But she had another symptom. She said she was lame when she sat down, and it hurt her to rise from her seat. She was also constipated, had no stool without an enema. I gave her Lycopodium<sup>em</sup>, two doses. The abscess was averted, the constipation relieved, and the ischiatic lameness disappeared with the rest.



## DISCUSSION.

Dr. Plummer—I had a case of convulsions strikingly similar to the one Dr. Jameson has reported, and occurred at very nearly the same time. In my case as in his, Hyoscyamus seemed indicated, yet did not help; but Opium gave marked relief.

It was, however, insufficient, and had to be followed by Belladonna.

My patient had paralysis of the right side following the attack, which cleared up in the course of ten days or two weeks under Phosphorus, and at the end of four weeks she was entirely cured.

Dr. Carr—Does the doctor recall the character of the pulse at the time of the first headache, whether it had the globular feeling described by Dr. Gregg? The headache which preceded the convulsions, I mean. It has been my experience that when on the second or third day such a pulse and headache occurs, it is almost a characteristic indication for Belladonna. I think that probably Bell. would have averted the first convulsion if given as soon as indicated by that pulse.

Dr. Kimball—During the night I frequently took the pulse, and often could not find it at all. She would have a convulsion; then in an hour another one; then one in fifteen minutes; then in forty-five minutes. There would be, in other words, a long interval and then a short one. After the Opium she moaned, instead of being in a stertorous sleep. After the dose of Bell. the intervals began to increase, and by morning she was having two hours between the convulsions.

Dr. Long—There is one part of that paper which impresses me very deeply, and makes me feel sad to know that in such extreme cases I stand entirely alone. I have no Dr. Wesselhoeft or Kimball to help me out. There are many Hahnemannians who have to meet the severe strain of their terrible cases alone, unhelped by the friendly hands of their professional brethren. Some of you who are more fortunate do not realize how awful it may sometimes be to stand before a terrible case of sickness, unhelped save by your God and your materia medica.

## FIBROID TUMOR OF THE UTERUS.

E. T. ADAMS, M. D., TORONTO, CAN.

MR. PRESIDENT AND MEMBERS :—I have briefly to mention some peculiarities occurring in the case of a patient suffering from fibroid tumor of the uterus, and which I reported *in extenso* at our last meeting.

Perhaps some of you will remember the very satisfactory results obtained by the use of Lil-tig.<sup>cm</sup> in checking the profuse floodings. Monthly discharge became as natural as for many years—every three weeks and lasting four days. The tumor ceased to grow—then began to diminish and continued to diminish. The woman became natural and normal in her mental condition. In fact, patient like, a common remark with her was : “ I doubt whether I ever had a tumor ;” and as improvement went on “ I don’t believe I ever had a tumor.” Such was the happy state of affairs till the middle of November last, when one midnight a messenger delivered a telegram stating that an only and much loved sister had died very suddenly. The shock from the sudden news and grief at its cause affected her very severely. In three days you would scarcely have recognized the woman. She returned from the funeral and in about two week called on me.

She was in a most despondent state, similar to that of the year before. Thought she was going mad—was confident people would notice that there was something wrong with her mentally. Was sure some fearful misfortune was about to happen. Was confused, forgetful, no life or energy, no inclination for business—love of which, when well, was as the breath in her nostrils—anxious and given to spells of weeping. Was much bloated, and felt sure that the tumor was again growing. I gave her Lil-tig.<sup>cm</sup> again, and at the end of two weeks found but little improvement—possibly a slight relief mentally. At this visit she was sure the tumor was again growing, and she was confident the growth now was on the opposite side of womb. On examination this proved correct. The tumor was rapidly

developing, while on the side originally affected, I could discover no enlargement. At this time she also complained of numbers of small warts over her upper abdomen, and on upper left chest and shoulder. Lil-tig. had evidently done all it could, and after careful comparison, I gave Calc-carb.<sup>2c</sup>, three doses, two hours apart, and Placebo.

In a couple of weeks she returned and mentally was much better, brighter, and more cheerful, with desire to attend to her business returning. Quite a satisfactory change, and she received a supply of Placebo.

The improvement continued gradually and all round. Two weeks later she felt sure that growth in tumor had ceased, and she began again to expect to be a well woman. Some time in February improvement seemed to cease, after a severe cold. By the way, disposition to take cold easily was a prominent condition in the beginning of this her second attack, and I gave her Calc-carb.<sup>cm</sup>, one dose. This was the last active medicine she received. She has been comparatively well all the past spring, and as she begins to "wonder whether she had a tumor at all," I regard her prospects as favorable though uncertain, but that this may prove a perennial root and thus afford me an annual branch on which to address you.

To me this case has been very peculiar. No doubt could exist as to the presence of a tumor in 1890 and early part of 1891. It was so diagnosed by several gynecologists—the profuse hemorrhages, etc.

And no doubt can exist that she was on the road to health if not cured prior to the shock, grief, etc. Then the sudden return, and on the opposite side of womb. I cannot account for this. It's peculiar.

But one thing prevents my hoping too much from past success in this case, and that is that rheumatism (muscular), from which she has suffered for years, has not been to any appreciable extent even relieved by the treatment.

On the other hand, she keeps a medicine chest with remedies in low potencies with which she doses herself for cold and slight attacks, only sending for the doctor when either she or



her friends get alarmed. But the drugs she took did not in any way seem to interfere with the action of the CM potency. Possibly they did with the 2c.

I neglected to say that the crop of warts is disappearing rapidly.

#### DISCUSSION.

Dr. Johnson—One point Dr. Adams brought out which I think is important, namely, that remedies in lower potencies do not affect the action of a higher potency. I have noticed it in several cases. When a patient who is under the action of a constitutional remedy has an acute attack we may give an appropriate remedy in a lower potency without affecting or disturbing the action of the higher.

Dr. W. L. Morgan—I have observed the same thing, that the lower potencies do not interfere with the higher. This case reminds me of one I had five years ago, a fibroid tumor. The patient had had a large one taken away nine years before, and this was still larger than the one taken away. It was so large that when it came down in the pelvis I could not get my finger in the vagina above it. It interfered with the flow of urine. It was exceedingly hard and very tender to touch. Her symptoms called for Sepia. I gave the 200th. In three months it removed the entire tumor, and it remained absent for a long time. Returning again in six months Sepia<sup>1m</sup> removed it again. An old laceration of the cervix only remained, until last fall she went into a hospital and had an operation. After that came prolapse without return of tumor, for which she came to my office a few days ago. She had been wearing a pessary. I gave her Sepia<sup>em</sup>, and have not seen her since. That was just before leaving home for this place. She was much improved two months later.

## HYDRO-SALPINGITIS. A CASE CURED WITH GELSEMINUM.

J. H. ALLEN, M. D., LOGANSPOUT, IND.

CASE.—Mrs. E., aged twenty-seven, light blonde, above medium height, and weight about one hundred and forty, came to me one year ago for an examination and treatment for a large growth in the left abdominal region. Pregnancy had been diagnosed, with advice to rest as much as possible, especially during the menstrual period, which function had kept up with clock-like regularity every month. During the inter-menstrual period she suffered very little pain with exception of an occasional dragging or bearing-down feeling in the region of the uterus. As the usual period of gestation had passed she became very anxious to know what the trouble was. After examining her case carefully I made a diagnosis of some tubular trouble, and that of cystic nature and in all probability hydro-salpingitis.

Though it is hard to diagnose these cases, yet by taking into consideration that the case had a gonorrhoeal history, together with the location of tumor, the consistency of the walls of the growth and by the aid of percussion and the bimanual examination, together with the large amount of serum that passed at the close of each menstrual period I made it pretty conclusive. The tumor was then the size of a child's head or larger, mobile and fluctuating, the os was patulous, the genital organs showed marked signs of pregnancy and in an advanced stage, morning sickness had continued all through her illness, the breasts had increased in size and were fully as large as in the eighth month. She was now suffering considerable pain in the region of the left ovary, which was probably due to pressure or distention caused by the accumulated fluid, as it was worse just before the menses and better after the profuse flow of serum that came on at the close of the menstrual period.

I called in an eminent surgeon from a distant city in consultation, who advised an operation for removal of the ovary as

well as the diseased tube. I did not agree with him as to his mode of procedure, and my patient would not listen to it for a moment. I therefore concluded to try my remedies and await results. On examination of the symptomatology of her case the following symptoms were noted: A feeling of fullness and heaviness in the uterine region, spasmodic, cramp-like pains during the menses, sharp pains running from uterus to back and hips. A languid aching in back and hips a day or so before the menses, great weakness and loss of power in the lower extremities, very little pain after the menses begin; she says that her pains resemble false labor pains, when she gets tired she has a lump in the throat which she cannot swallow. After the menses suffers with pains in back of head and spine, pains running up the back of the neck, with a feeling of tightness in the brain, she is irritable and easily angered. There is considerable fever in the afternoons and evenings accompanied with twitching of the muscles. The menses last eight days, for the first three days they seem quite natural, but during the rest of the flow it is very light-colored and resembles serum.

Gelseminum was given in the one thousandth potency, which relieved her menstrual pains, and as she continued to improve and feel better generally I did not change the prescription. In ten days after receiving the remedy the flow of serum increased to almost a pint per day for a week, when it gradually decreased and finally ceased entirely. The next menstrual period only lasted five days, she experiencing very little pain and no return of the flow of serum. In all six powders of the remedy were given during the period of two months, usually a powder was prepared in water and given every hour until she found relief when it was discontinued. Since then she has received no medicine, though it is nine months since I discharged the case. At the end of the third month all symptoms of the tumor had disappeared, and the menses resumed the normal again, and she has been in perfect health since.



## HEMORRHAGE FOLLOWING ABORTION READILY CONTROLLED BY THE INDICATED REMEDY.

J. A. TOMHAGEN, M. D., PHILADELPHIA, PA.

CASE I.—Mrs. E. H., æt. twenty-four. Menses absent two months and positive she was pregnant. Has taken many drugs and teas to rid herself of the fœtus. March 4th, 1889, she rode a horse about three miles, and noticed that she was flooding before she reached her destination. She was put to bed, and after several severe pains the fœtus was extruded. The hemorrhage was profuse and painless and bright red. When I arrived her face was blanched, and she frequently gasped for breath. The slightest motion would cause a gush of blood, which was followed by a deathly sinking at the epigastrium.

Ipec.<sup>200</sup> controlled the hemorrhage at once. The woman experienced a peculiar, indescribable sensation pass over her in a few seconds. The gushes then came at longer intervals and the fainting ceased immediately. The one dose was all-sufficient.

CASE II.—Mrs. F. G., æt. twenty-eight. Blonde. This woman maintained that the "miscarriage" came on spontaneously; she could account for it in no way except that carrying a bucket of water caused it. She had been flooding *in spells* for several days, when I saw her, May 13th, 1889. Blood dark and clotted. As soon as she saw me, she began *to weep*, but could say nothing; moreover, she was as patient as a lamb; her mouth was *parched*, and yet she desired *no water*. The fœtus of a few weeks must have been buried with the clots since I could find none. Puls.<sup>2m</sup>.

In five minutes a sensation as if the *whole external genitals were drawn up into the pelvis* followed. (Puls.<sup>10m</sup> has produced this several times. In fact, one girl remarked that I had given her dynamite, the action was so violent.) With this sensation the hemorrhage ceased and returned only slightly in six hours. No more medicine.

CASE III.—Mrs. J. S., æt. twenty. Married a short time;

got into an altercation with another of the fair sex. Both being typical brunettes, they well-nigh demolished each other. My patient tore and swore, fumed and stamped, when separated, because she was not permitted to annihilate her adversary; she retired very disconcerted, and during the night was taken with violent cramps and vomiting of bile; intense bearing-down pains and sharp, excruciating pain in the left ovarian region; she could not lie still a moment, and the only relief was obtained from hard pressure and hot fomentation on abdomen. The hemorrhage was slight, two A. M., Coloc.<sup>3m</sup>.

In twenty minutes the pains abated and hemorrhage stopped.

Six A. M., very comfortable, but face as yellow as a lemon; no more pain and carried child to full term.

*Remarks.*—The single dose of the appropriate remedy was all-sufficient in these cases.

Some maintain that it is criminal to rely on medicine in abortion. It is criminal to do other than give the indicated remedy.

The above cases I regard as typical of abortion.

Am., Gels., Sabina, Apis, etc., do the work as effectually, when called for.

China often removes membranes that have kept up flooding for weeks, and then the hemorrhage ceases.

Pyrogen. cured several cases where symptoms of septicæmia supervened. The China and Pyrogen. cases come from the scientific doctors.

Dynamics supersede mechanics.

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## ALLOPATHIC SUPPRESSION OF LOCHIA.

D. C. McLAREN, M. D., OTTAWA, CAN.

This case is that of a lady about thirty-five years of age, whose second child was born on August 1st, 1885. Up to this date she had always been a strong, healthy woman, but, after a few days, the foul condition of the lochia excited the combined animosity of physician and nurse, and an intra-uterine injection

of Iodine was ordered and faithfully administered. This promptly dried up the discharge, but was immediately followed by a sense of fullness in the abdomen ; this sensation soon became reality, and for some months she was as much distended as if again pregnant. Severe headaches came on in November, for which she was treated by the allopathic methods in vain. Finally, a specialist discovered a lacerated cervix, and operated. The headaches left, but in place of them came a most distressing oppression across the chest ; this was so bad at one time that she was almost out of her mind. This trouble was at its height in March, 1890, when she had a miscarriage. She came to me in October, 1890, weeping bitterly as she described her symptoms, saying she surely had heart disease, that she was possessed by the devil, etc. She complained so much about her heart that it was examined, but found to be sound ; there was, however, a decided throbbing at the pit of the stomach, which was at times visible externally. This spot was exceedingly tender on pressure, and there seemed to be a lump beneath. I hesitate, however, to declare that it was an aneurism, because, in our provings of Iodine, there occurs the symptom : " Violent throbbing of the abdominal aorta." I tried several apparently indicated remedies, but *Lycopodium* was the first to do any real good ; its principal indication was the formation of flatulence in the stomach and relief from eructation. The course of the treatment was interrupted in March, 1891, by another miscarriage, for which the lady's husband, in his haste, called in the former allopathic physician. During the summer I gave one dose of *Iodum* high, but cannot record any great improvement from it. I became convinced that pregnancy would do this case much good, and when she was again threatened with miscarriage, in October, I was promptly on hand, and stopped the manifestation with a single dose of *Sabina*<sup>200</sup>. Subsequent symptoms required, from time to time, a dose of *Belladonna*, but during the last three months of pregnancy she was left under the influence of *Psorinum*. Her baby was born on Good Friday, 1892, and the lochial discharge for a week was most astonishingly profuse. She recovered well, and the pulsation at the stomach pit has entirely



disappeared. I do not claim to have cured a case of aneurism, but to have in some degree overcome the results of the original allopathic suppression.

#### DISCUSSION.

Dr. Farley—The trouble in that case suggests to me a case I had last week. A physician in my town asked me to see a case for him, which he called asthma. He had given several remedies. She had long been a sufferer from hemorrhoids, and, I judge, also a fissure. She had been operated on for rectal trouble, and soon after had the asthma. I gave Kali-bichrom.<sup>200</sup>, in water, at intervals of two hours for twenty-four hours. The respiration was better, and she was sitting erect on the next day. It was a marked improvement, but her rectum was getting sore, and in a short time her asthma was gone, but her rectum was again the seat of much suffering. The character of the expectoration drew my attention to the remedy.

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The following amendment to the By-Laws was presented by Dr. Bell to be acted upon at the next meeting :

“The order of business may be changed at any annual meeting by a unanimous vote.”

The following amendment to the By-Laws was presented by Dr. Custis to be acted upon at the next meeting :

“The Association shall meet annually at such time and place as may be fixed upon by ballot at the annual meeting. If suitable arrangements cannot be made in accordance with the instructions given, the Executive Committee may, with the approval of a majority of the members, change the place of meeting. The ballot to be taken by mail, the members to have the choice of two places named by the committee.”

The motion was made and carried that the Executive Committee have charge of the publication of the Transactions.

A vote of thanks was passed to the proprietor of the hotel.

The minutes of the meeting were read by the Secretary and were approved.

Adjourned *sine die* at 11.30 A. M.

## AN OPEN LETTER—POSTSCRIPT.

INDIANAPOLIS, IND., April 18th, 1893.

THE EDITOR OF THE HOMŒOPATHIC PHYSICIAN :

In my open letter, published in the March number at page 188, I stated that Dr. Dunham died on the morning of February 18th, 1877, several years before Dr. Conrad Wesselhœft's translation was published, and therefore Dr. Dunham could not have examined it (see bottom of page 190) ; but upon looking over some old letters from Dr. Hering and Dr. Ad. Lippe I find that they had copies of it in 1876, therefore I wish that you would make this correction and in the next number if possible, as I do not desire to state anything but fact.

I formed my statement upon the imprint in the copy that I have which was ordered as soon as the first advertisements made their appearance of the translation and that was the copy that I received. This being the case then, Dr. Dunham *could* have examined it (the translation) and given his opinion.

Very respectfully,

J. R. HAYNES.

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## HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.

The Homœopathic Medical College of Missouri conducted its 34th Annual Commencement, March 23d, at Pickwick Theatre. The invocation was asked by Rev. Charles B. Masden, of the Union M. E. Church, after which Dr. Wm. C. Richardson, Dean of the college, presented his report. He referred to the past year as one of the most prosperous in the history of the college. The institution, he said, is planning to increase its usefulness by the erection of a hospital, to be managed in connection with the college, during the coming summer. The degree of Doctor of Medicine was conferred by Dr. W. A. Edmonds, President of the Board of Trustees. In addition to instructions on professional ethics, Dr. Edmonds asked them to promise him to lead Christian lives and admonished them to abstain from the use of intoxicating liquors and tobacco.

## BOOK NOTICES.

**DISEASES OF THE LUNGS, HEART, AND KIDNEYS.** No. 14 in the Physicians and Students' Ready Reference Series. By N. S. Davis, Jr., A. M., M. D. Published by the F. A. Davis Co.: Philadelphia (1231 Filbert Street) and London. Price, \$2.50.

This book is divided into three sections, as its name indicates. The first treats of diseases of the Bronchi, Lungs, and Pleura; the second of Diseases of the Heart, and the third of Diseases of the Kidneys. Each section has its chapters, which are devoted to the diseases of these organs. The subjects are clearly and concisely described. Chapter XIII, on Pulmonary Tuberculosis, contains forty-six pages on this affection, which should be well studied, as this fell disease is one that is the greatest scourge to mankind in general. As stated above in the title, this work forms another one of Davis & Co.'s Ready Reference Series, so many of which have been reviewed and cordially commended in the pages of this journal.

**A MANUAL OF THE PRACTICE OF MEDICINE.** By A. A. Stevens, A. M., M. D., Instructor of Physical Diagnosis in the University of Pennsylvania, and Demonstrator of Pathology in the Woman's Medical College, Philadelphia. Illustrated. Philadelphia: W. B. Saunders, 913 Walnut Street. Price, \$2.50.

This hand-book of the Practice of Medicine was written for the use of students especially, with, as the author expresses himself, "the hope that it may serve as an outline to be enlarged upon by diligent attendance upon lectures and critical observations at the death-bed." The book is convenient in form, well printed, and contains valuable material from works of the most learned professors and medical teachers of our day. It is to be recommended to students who need such a useful and convenient work. It contains five hundred pages, and the descriptions of the various diseases are condensed into as small a space as possible, so that the physician who is pressed for time may find what he wants quickly without having to wade through an elaborate description. The arrangement of the book is according to the natural system: diseases of the digestive system; diseases of the kidneys; diseases of the blood; diseases of the respiratory system, and the like.

**A TEXT-BOOK OF THE THEORY AND PRACTICE OF MEDICINE.** By American Teachers. Edited by Wm. Pepper, M. D., LL. D., Provost and Professor of the Theory and Practice of Medicine and of Clinical Medicine in the Uni-



versity of Pennsylvania. In two volumes. Illustrated. Philadelphia: Wm. B. Saunders, 913 Walnut Street, 1893.

The first volume of this work is now before the profession. It contains nine hundred pages of clear type. It is essentially an encyclopedia, thirteen authors having contributed their observations to make this one fine volume. Among them, Dr. J. S. Billings, the celebrated Curator of the Army Medical Museum and Library, at Washington, D. C., writes upon Hygiene, giving all the very latest ideas. Dr. William Pepper, the Provost of the University of Pennsylvania, who in addition to his very large medical practice has, as chief officer in the administration of the University, conducted that venerable institution along to such a career of prosperity that the various departments of learning into which it is divided now number nearly thirty gigantic buildings and form a very respectable village of themselves, writes upon the different fevers—ephemeral, typhoid, typhus, relapsing, cerebro-spinal, etc. He also contributes a remarkable article upon the lately prevailing influenza, known as “la grippe.” It is followed by a chapter from the same pen upon Dengue. Recollecting that many physicians have claimed that grippe was only a form of dengue, the value of these two chapters, appearing at this time, and their arrangement closely together, will be understood and appreciated. Those of us who are residents of Philadelphia, and have been familiar with the singular ability of Dr. Pepper as a medical man, his powers of diagnosis amounting almost to intuition, will keenly value any of his productions, knowing that his brilliant career has ensured his writing with a gifted pen. Those who have not this knowledge of him may accept it as correct information from one who being a resident of the same city with him has had the facts frequently brought to his attention during the last twenty years. Consequently this work may be relied upon to be the best of its kind.

It will be remembered that *The American Text-Book of Surgery* was reviewed in the January number at page 62. We now suggest that for those just entering upon the study of medicine or upon its practice, and who desire to know what is the latest teaching in pathology, the two best books for them to have and diligently study would be *The American Text-Book of Surgery* and *Dr. Pepper's Text-Book of the Theory and Practice of Medicine*. Of course as homœopathists the treatment advocated would have to be passed over, and instead a resort to our materia medica should be made for the selection of the *simillimum*.

NOTES ON THE NEWER REMEDIES, THEIR THERAPEUTIC APPLICATIONS AND MODES OF ADMINISTRATION. By David Cerna, M. D., Ph. D. Philadelphia: W. B. Saunders, 913 Walnut Street, 1893. Cloth. Price, \$1.25.

So many new remedies have been added to the materia medica of the old school of medicine within the last few years, especially among the coal-tar derivatives, that a book of the character denoted by the title of the volume

now under notice, seems to have been imperatively demanded. The present work seems to fulfill the demand, and must prove highly useful to practitioners of the regular school.

It is even useful to homœopathists, who, as well-informed physicians, wish to know the essential nature and origin of such bodies as phenacetine, anti-pyrine, and other drugs constantly spoken of by adherents of the other school of medicine. It is a small book of one hundred and seventy-five pages.

**SPECIAL DIAGNOSIS AND HOMŒOPATHIC TREATMENT OF DISEASES.** By T. de Suzzara Verdi, M. D. Philadelphia: Bœricke & Tafel.

By the request of the many readers of the author's previous work, entitled *Maternity*, the author "has enlarged the scope of that special work so as to cover all diseases," making it a work on general domestic practice. The object of the book is for treatment in emergencies and in the absence of a physician. It treats mostly of diseases in acute forms which demand immediate attention. It is divided into nine parts, and each part treats of a different disease. The language is plain, and technical terms, when employed, are explained. A "doctor book" may be of great value in a house, but may be made a source of evil—by using it too frequently where the calling in of a good physician would be of much greater benefit. Homœopathic physicians, who have been called into sudden cases of illness, and have found their opportunity for making a clever prescription of the simillimum spoiled by the ill-judged administration of remedies by a member of the household who made a hasty consultation of one of these books of domestic practice, will hear of this new candidate for home favor with dismay.

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## NOTES AND NOTICES.

**THE STATUE OF HAHNEMANN.**—The joint meeting of the committee appointed by the State Homœopathic Society of Pennsylvania and the County Homœopathic Society of Philadelphia took place at the Hahnemannian Medical College of Philadelphia, April 6th, 1893, at four P. M., to devise means by which funds may be raised for the erection of the Hahnemann statue at Washington, D. C.

Dr. Jas. H. McClelland, of Pittsburgh, called the meeting to order and made an address commemorative of Hahnemann.

Dr. A. R. Thomas was appointed Chairman *pro tem*.

Dr. Aug. Korndorfer was elected Chairman of the State Committee; Dr. Bushrod W. James, Treasurer; Dr. C. S. Schwenk, Secretary.

The greatest amount of interest has been manifested by the homœopathic profession in this matter. Thousands of dollars have already been subscribed and if we are to judge from the well-known liberality of the homœopathic physicians of the United States, a statue will be erected at our capital which

will not only honor the discoverer of the rational and scientific system of therapeutics and materia medica, but it will be regarded with pride by a nation which has felt the benign influence of Hahnemannian teachings.

Dr. Henry M. Smith, of New York City, Secretary and Treasurer of the American Institute of Homœopathy, was present, and gave a most flattering report of the number of contributions that he has received from all directions. Everybody is giving as freely as their means will permit, from \$1.00 up to \$100.00.

Some valuable suggestions were offered by Dr. Jos. E. Jones, of West Chester, Pa., and Dr. Jos. C. Guernsey, of Philadelphia, after which, at 6.30 P. M., the meeting was adjourned. C. S. SCHWENK, *Secretary*.

THE WORLD'S CONGRESS OF HOMŒOPATHIC PHYSICIANS AND SURGEONS AT CHICAGO, MAY 29TH, 1893.—Arrangements for the Congress are being rapidly completed. Some of the addresses have been received. All the Chairmen of Sections are actively at work, and report marked progress. Several Sections are completed and the rest will soon be in order. All the papers will be of high character. Many of the veterans in the profession will be present and deliver addresses on subjects of vital interest. In the scientific work of the Congress, the younger men who have achieved distinction in our school will be represented. The sections which their conduct will be made very interesting through their work and that of their worthy associates. Women will be ably represented in all departments. There is every prospect that the Congress will assume a pronounced international character.

The eyes of the world will be upon Chicago during the Exposition period. The proceedings of the Congress will be universally and fully reported. Every homœopath laboring in his national, state, or local society, will find his work made easy by the results of a convention of grand proportions and sterling work.

Let every physician of our school make a sacrifice if necessary, to be present.

J. S. MITCHELL, M. D.,

*Chairman World's Congress Homœopathic Physicians and Surgeons.*

J. P. DAKE, M. D.,

*Chairman American Institute Committee on World's Congress.*

THE COMMITTEE ON ARRANGEMENTS for the World's Congress of Homœopathic Physicians, announces that it has made arrangements with different hotels and apartment houses to accommodate at least 2,500 guests. If notified in time it can take care of fully double this number.

The Chairman of the Committee, Dr. A. K. Crawford, 70 State Street, Chicago, wishes it distinctly understood that unless he is applied to prior to the meeting of the Congress, he will not be responsible for accommodations of intended visitors.

The prices arranged for range from \$1.00 per day and up, European plan; and \$2.50 per day and up, American plan.

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION will hold its next meeting at Kaye's Park, Lake Geneva, Wis., June 7th, 8th, and 9th. Hotel



rates, \$2.00 per day. Kaye's Park is two and one-half hours' ride from Chicago, on the "Chicago & Northwestern Railroad." It is one of the most beautiful summer resorts of Wisconsin, and the short distance from Chicago will be of great convenience in visiting the World's Fair, either before or after the meeting. We should have a large attendance, and all who intend to visit Chicago should make arrangements to attend the meeting. Members are earnestly requested to send the titles of their papers to the Secretary at an early date, that the "Order of Business" may be as complete as possible. Circulars descriptive of Kaye's Park will be sent later. Very truly yours, Samuel A. Kimball, Secretary, 124 Commonwealth Avenue, Boston, Mass.

THE MISSOURI INSTITUTE of Homœopathy will hold its Seventeenth Annual Session in Kansas City, Tuesday, Wednesday, and Thursday, April 18th, 19th, and 20th next, at Hotel Midland.

DR. CHARLES B. GILBERT has resumed the practice of medicine at 1403 H Street, N. W., Washington, D. C.

AN AMERICAN TEXT-BOOK OF THE DISEASES OF CHILDREN, including special chapters on Essential Surgical Subjects; Diseases of the Eye, Ear, Nose, and Throat; Diseases of the Skin; and on the Diet, Hygiene, and General Management of Children, by American teachers. Edited by Louis Starr, M. D., assisted by Thompson S. Wescott, M. D., forming a handsome imperial 8vo volume of about one thousand pages, profusely illustrated. For sale by subscription only. W. B. Saunders, 913 Walnut Street, Philadelphia. Now ready Volume I, *American Text-Book of Practice*, edited by Dr. William Pepper.

GRACE HOSPITAL of Detroit, Michigan, recently submitted its annual report showing an annual expenditure of \$43,065.51. Total revenue, \$41,701.61, leaving a deficiency of \$1,363.90. The number of patients treated in the Hospital was 1,094, in the Dispensary 4,870. Average cost per person per day 83 3-10 cents. Further details may be had by applying to the Superintendent, Mr. Robert N. Silliman.

THE MEDICAL ADVANCE offers special inducements to new subscribers. See its offer in the advertising pages of this journal.

A COMPETITIVE EXAMINATION of Resident and Associate-Resident Physicians of the Children's Homœopathic Hospital of Philadelphia will be held at the Hospital, 926 North Broad Street, on Tuesday, April 18th, at 12 o'clock noon. Applications can be sent to Dr. Jas. M. Reeves, President of the Medical Board, or to Dr. Bushrod W. James, President of the Hospital.

THE INTERNATIONAL CONGRESS OF CHARITIES, CORRECTION, AND PHILANTHROPY makes one of the series of International Congresses to be held in Chicago in 1893. The fourth Section of this is to consider all matters relating to the Hospital Care of the Sick, the Training of Nurses, Dispensary Work, and First Aid to the Injured. The Committee of Organization of the Congress has appointed Dr. John S. Billings, Surgeon U. S. Army, as Chairman

of this Section, and Dr. Henry M. Hurd, Superintendent of the Johns Hopkins Hospital in Baltimore, as its Secretary, and has authorized and requested them to complete its organization.

Persons desiring to present papers, or to share in the discussions of this Section, are requested to communicate with the Secretary at once. The period of time allotted for the preparation of the programme is necessarily brief, and it is essential that all who are willing to assist in this work should act promptly. Address all communications to Dr. Henry M. Hurd, The Johns Hopkins Hospital, Baltimore, Md.

ANNUAL REUNION OF THE ALUMNI ASSOCIATION OF THE HAHNEMANN MEDICAL COLLEGE, PHILADELPHIA, APRIL 19TH, 1893.—The Alumni Association of the Hahnemann Medical College, Philadelphia, requests the pleasure of the company of the Alumni of the College, at its Annual Re-union and Banquet, on Wednesday, April 19th, 1893.

The Business Meeting will convene at 4.30 P. M. in Alumni Hall, Hahnemann Medical College, Broad Street above Race, Philadelphia, and the banquet will be held at 10 P. M. at "The Stratford," corner of Broad and Walnut Streets.

The Trustees and Faculty of the College extend a cordial invitation to all the members of the Alumni and their friends to attend the Forty-fifth Annual Commencement to be held on the same evening, at eight o'clock, at the Academy of Music, Broad and Locust Streets, Philadelphia.

Banquet Cards can be secured from any officer of the Association, at \$3.50 each. The cards being limited to two hundred, the Committee cannot guarantee to furnish any applied for after April 18th, 1893. If you can make arrangements to be present at the banquet, notify the Secretary and he will secure a place for you.

W. W. VAN BAUN, M. D., *Secretary*.

419 Pine Street, Philadelphia, Pa

DOCTOR PATCH wishes to announce to his patrons that he will be absent from town during the months of March, April, and May, for the purpose of clinical study at Dublin and London.

During this time his practice will be conducted by Dr. R. A. Davis, a thoroughly competent physician, who will occupy the same office, have access to all past case records, and, we trust, be able to give every satisfaction to those who may need his services. SOUTH FRAMINGHAM, February 15th, 1893.

MANY physicians are recommending the use of Horlick's Malted Milk as a table drink in place of tea, coffee, cocoa, etc. The evil effects of long-continued use of tea or coffee are well-known, but the difficulty has been to provide a pleasant and satisfactory substitute. Malted Milk is a perfect soluble combination of pure cows' milk and an extract of malted grain, and, when served either hot or iced, it makes one of the most pleasant, refreshing, and nutritious drinks imaginable, little if any more expensive than the ordinary drinks, and far more healthy and nutritious for continued use. Does not stimulate, but aids digestion. Prepared by simply adding water. Address the Malted Milk Co., Racine, Wis., for samples.

# THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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## EDITORIAL.

LACHESIS AND LYCOPODIUM.—We publish this month an instructive comparison of the throat symptoms of Lachesis and Lycopodium, by Dr. E. V. Ross, and copied from *The Homœopathic World*. No two remedies in the materia medica have excited more opposition to their introduction and more ridicule and contempt. Yet they are simply invaluable, and it would be difficult for us, as consistent homœopathists, to succeed without their agency.

The idea of supplying the whole world with medicine from a single drop of the poison of the Lachesis snake seemed particularly absurd to a large portion of the homœopathic profession, especially those who dealt only in crude doses, and they obstinately refused to prescribe the new drug. Meanwhile, those of the school who really understood the full significance of the homœopathic principle, and had access to the monograph containing the pathogenesis of Lachesis, one of the noblest memorials the late Dr. Hering has left of himself, were favored with a perfect revelation of its virtues in the cure of all sorts of sick conditions, but especially of sore throat.

Lycopodium, also, was opposed, because it seemed to be impossible to derive symptoms from an inert powder. Yet, as was well said by Dr. J. B. Bell, "Lycopodium is one of the noblest monuments to the genius of Hahnemann, as well as one



of the most convincing proofs of the truth of the homœopathic doctrines."

As shown in the article to which we have referred, *Lachesis* and *Lycopodium* are complementary to each other. This is true not alone in throat diseases, but in many other maladies. Take one distinguished symptom as an illustration. In *Lachesis* the symptoms go from left to right. In *Lycopodium* they go in the opposite direction. This peculiarity of direction is one of the most certain indications for these remedies respectively. Many other remedies have some left-to-right and right-to-left conditions. A list of these was published in this journal for March, 1891, page 107. But the value of other drugs for these indications does not compare with *Lachesis* and *Lycopodium*, which are simply marvelous in their effects. I have seen the most wonderful cases of erysipelas of the face going from right to left, with large abscesses formed, and brain symptoms beginning, quickly relieved by a few doses of *Lycopodium*. This experience I have had, not once, but many times. Tonsillitis beginning on the right side and going to the left I have repeatedly relieved with *Lycopodium*, and either caused it to abort, or, if it had gone too far for that, hastened the bursting of the abscess and the return to complete health. The same is true of *Lachesis*. Take its action in cases of violent dyspnoea, for instance. A man in the last stages of consumption, throwing himself wildly about the bed in a fierce and desperate struggle for breath, has been instantly relieved by *Lachesis*, and kept quiet for two weeks afterward, enabling him to write his will, and finally to pass away peacefully and unconsciously. Every physician practicing the Hahnemannian method has had similar experiences. The characteristic aggravation after sleep should be remembered. As Dr. Guernsey used to express it, "the patient sleeps into the aggravation." This was his keynote for *Lachesis*. It is, therefore, important that these two remedies should be most carefully studied, and their most valuable symptoms kept vividly in mind.

# A COMPARISON OF THE THROAT SYMPTOMS OF LACHESIS AND LYCOPODIUM.

E. V. ROSS, M. D., ROCHESTER, N. Y.

In treating a number of cases of diphtheria during the past winter, my attention was called (in endeavoring to find the simillimum for the case in hand), to the similarity between the throat symptoms of *Lachesis* and *Lycopodium*, and in order to aid me in differentiating between the two, I made the following plan of comparison in my interleaved copy of Oehme's *Therapeutics of Diphtheritis*, and thinking it might be of some practical value to others, I herewith submit it.

I would also state, by way of parenthesis, that there was a time when I resorted to swabs, gargles, and sprays, but have abandoned this piece of nonsense, and now trust the case to the simillimum *alone*, with quicker recoveries and a lessened mortality as my reward.

SIMILAR.	REMARKS.
Chronic enlargement of tonsils.	<i>Lach. Lyc.</i>
Swelling and suppuration of tonsils.	<i>Lach. Lyc.</i>
Constant desire to swallow.	Lach. gangrenous.  Under Lyc. it amounts almost to a spasm.
Choking (constricted) feeling in throat.	<i>Lach. Lyc.</i>
Much phlegm (mucus) in fauces.	<i>Lach. Lyc.</i>
Relief from cold drinks.	Under Lach. it excites painful hawking, under Lyc. an inclination to swallow.
Relief from hot drinks.	<i>Lach.</i>
Swallows solids more easily than liquids.	<i>Lyc.</i>
Swallows liquids more easily than solids (verified).	<i>Lach.</i>
Pain out of proportion to the amount of swelling.	<i>Lyc.</i>
Swelling out of proportion to the amount of pain.	<i>Lach.</i>

CONDITIONS.		REMARKS.
Asthenic.	<i>Lach.</i>	Under <i>Lach.</i> there may be suspicious absence of any pyrexia.
Sthenic.	<i>Lyc.</i>	Under <i>Lyc.</i> we may have a high temperature.

*General Remarks.*—*Lach.* and *Lyc.* are complementary, especially so in throat troubles. One takes up the work where the other leaves off. If, after you have given *Lachesis*, the membrane goes over to the right side and becomes fixed, *Lyco-*podium comes in as a substitute. If the reverse of this condition, give *Lachesis*. And in my experience the higher potencies (200 to CM) act better than the lower.

SIMILAR.		REMARKS.
Regurgitation of liquids through nose.	<i>Lach. Lyc.</i>	
Fetor oris.	<i>Lach. Lyc.</i>	
Aggravation from swallowing liquids.	<i>Lach. Lyc.</i>	<i>Lyc.</i> is worse by cold liquids (milk), but better by warm.
Aggravation after sleep (even a slight nap).	<i>Lach. Lyc.</i>	<i>Lach.</i> the patient sleeps <i>into</i> an aggravation; <i>Lyc.</i> is simply aggravated after sleep.
DISSIMILAR.*		
Pain, swelling, and deposit begin on the left side.	<i>Lach.</i>	In the <i>Guiding Symptoms</i> we also find the following as having been repeatedly verified: "Right tonsil first affected, then the left." "Soreness of throat commencing on right side and passing to left, where it becomes fixed.
Pain, swelling, and deposit begin on the right side.	<i>Lyc.</i>	
Sensation as if a lump descended in throat on swallowing, but returns.		<i>Lac-can.</i> has exactly this symptom, but worse on the right side.
Sensation as if a lump rose up in throat on swallowing.	<i>Lyc.</i>	Excites choking.

*Hom. World*, April 1st. Vol. XXVIII, page 328.

\*"I am aware that this term, as here applied, is somewhat arbitrary, but have adopted it more for convenience sake. While the symptoms are in some respects similar, they are also in some respects dissimilar."



## SCIENTIFIC MEDICINE—A MEDICAL AND SURGICAL REVIEW.

THOMAS WILDES, M. D., BLUEFIELDS, NICARAUGUA.

The following is a critical review of allopathy—the mis-called “*scientific*,” “*regular*,” “*orthodox*” practice of medicine—by allopathic doctors, who are claimed to be judges in such matters, who are looked up to as authorities and teachers, and many of whom are the most eminent of the past and present.

The celebrated John Abernethy, founder of the distinguished School of St. Bartholomew’s, and afterward principal surgeon of same; Professor of Anatomy and Surgery, Royal College of Surgeons; author of *Surgical Observations on the Constitutional Origin and Treatment of Local Diseases*; the first surgeon who had the courage to suggest and perform the daring operation of ligating the carotid and external iliac arteries; in his writings says:

“There has been a great increase of medical men of late years, but, upon my life, diseases have increased in proportion.”

Francis Adams, A. M., M. D., LL. D., M. R. C. S., author of *Paulus Aegineta*, a busy practitioner, and the erudite translator of Hippocrates, says:

“We cannot think of the changes in professional opinions since the days of John Hunter without the most painful feelings of distrust in all modes of treatment.”

Professor Claude Bernard, member of the French Institute, member Academy of Sciences, Professor of Physiology in the College of France, *vice* Magendie, deceased; discoverer of the glycogenic functions of the liver, said:

“Scientific medicine does not exist.”

Professor Marie François Xavier Bichat, M. D., French anatomist, biologist, physiologist, physician, and author, wrote:

“Medical practice is said to be contradictory. I say more—it is not in any respect a profession worthy to be followed by sensible men.”

Professor Archibald Billing, A. M., M. D., F. R. S., F. R. C. P. (London), a celebrated author and well-known London physician, lecturer at the London University of Medicine, member of the Senate and Examiner in Medicine at the same University, Vice-President Royal Medico-Chirurgical Society, Clinical Lecturer at the London Hospital, aired the following sentiment :

“Upon commencing the study of medicine I was appalled to find it a complete chaos.”

Professor Hermann Boerhaave, M. D., a celebrated German doctor, and physician to Peter the Great of Russia, left behind him this record :

“If we weigh the good that has been done to mankind by a handful of true disciples of Æsculapius against the evil wrought to the human race by a great number of doctors since the origin of the art of medicine to our own time, we shall doubtless come to think that it would have been better had there never been any doctors in the world.”

John Stileman Bostock, M. R. C. S., L. S. A., a learned English author, in his *History of Medicine*, says :

“And in the space of less than forty years we have gone through three revolutions of opinion with respect to our treatment of typhoid, a disease of very frequent occurrence and of the most decisive and urgent symptoms.”

John Syer Bristowe, M. D., F. R. C. P., Physician and Lecturer on General Pathology at St. Thomas' Hospital, author, etc., jotted this down :

“Unfortunately a direct cure of disease by means of drugs is totally impossible in the great majority of cases.”

Professor H. G. Cox, M. D., lectures that “Mercury is a sheet-anchor in fevers; but it is an anchor that moors your patient to the grave.”

Professor E. S. Carr, M. D., of the New York University Medical School, has written :

“The effects of Mercury are not for a day, but for all time. It often lodges in the bones, and causes pain years after it is administered.”

Sir Robert Christison, Bart., M. D., F. R. S., LL. D., Professor of *Materia Medica*, University of Edinburgh, President of the Royal College of Physicians, Edinburgh, Physician in Ordinary to the Queen, etc., etc., in his inaugural address to the graduates, said :

“Of all the medical sciences, therapeutics is the most unsettled and unsatisfactory in its present state, and the least advanced in its progress.”

Professor William Cullen, M. D. (Glasgow), famous teacher, lecturer, and author ; author of the world-renown *Treatise on Materia Medica*, published the following :

“Our *Materia Medicas* are filled with innumerable false deductions, which are nevertheless said to be derived from experience.”

John Mason Good, M. D., F. R. S., author of *The Study of Medicine*, in that work says :

“The science of medicine is a barbarous jargon, and the effects of our medicines on the human system are in the highest degree uncertain ; except, indeed, that they have destroyed more lives than war, pestilence, and famine combined.”

Professor C. A. Gilman, M. D., says :

“A mild mercurial course and mildly cutting a man’s throat are synonomous terms.”

Dr. Krueger Hansen, a great medical authority, writes :

“Medicine, as now practiced, is a pestilence to mankind ; it has carried off a greater number of victims than all that murderous wars have ever done.”

Charles Kidd, M. D., M. R. C. S., author of various treatises on *The Use of Anesthetics*, on *Gun-shot Wounds*, etc., etc., wrote :

“It is a sad and humiliating confession that at present our chiefest hopes of medical reform exist in the *outer* educated public.”

Dietrich George Kieser, M. D., a great German doctor and a highly esteemed authority in medicine, says :

“In many cases the old saying holds good that the remedy is worse than the disease, and the doctor does more mischief than the malady.”



Professor François Magendie, M. D. (Paris), member of the French Institute of Medicine, celebrated physiologist and teacher, wrote and lectured as follows :

“Let us no longer wonder at the lamentable want of success which marks our practice when there is scarcely a sound physiological principle amongst us. I hesitate not to declare, no matter how sorely I should wound our vanity, that so gross is our ignorance of the real nature of the physiological disorder called disease that it would, perhaps, be better to do nothing and resign the complaint into the hands of nature than to act as we are frequently compelled to do, without knowing the why and wherefore of our conduct, at the obvious risk of hastening the end of the patient.” And in addressing his medical class, he says : “Gentlemen, medicine is a great humbug. I know it is called science. Science, indeed ! It is nothing like science. Doctors are merely empirics when they are not charlatans. We are as ignorant as men can be. Who knows anything in the world about medicine ? Gentlemen, you have done me the honor to come here to attend my lectures, and I must tell you frankly now, in the beginning, that I know nothing in the world about medicine and I don’t know anybody who does know anything about it. \* \* \* I repeat it, nobody knows anything about medicine. \* \* \* We are collecting facts in the right spirit, and I daresay, in a century or so, the accumulation of facts may enable our successors to form a medical science. Who can tell me how to cure the headache, or the gout, or diseases of the heart ? Nobody. Oh ! you tell me doctors cure people. I grant you people are cured, but how are they cured ? Gentlemen, nature does a great deal ; imagination a great deal ; doctors—devilish little, when they don’t do any harm ! Let me tell you, gentlemen, what I did when I was physician at the Hotel Dieu. Some three or four thousand patients passed through my hands every year. I divided the patients into two classes ; with one I followed the dispensary and gave the usual medicines, without having the least idea why or wherefore ; to the others I gave bread pills and colored water, without, of course, letting them know anything about it ; and occasionally,

gentlemen, I would create a third division to whom I gave nothing whatever. These last would fret a great deal; they would feel that they were neglected; sick people always feel that they are neglected, unless they are well drugged, *les imbeciles*, and they would irritate themselves until they got really sick, but Nature invariably came to the rescue, and all the third class got well. There was but little mortality amongst those who received the bread pills and colored water, but the MORTALITY WAS GREATEST among those who were carefully DRUGGED according to the DISPENSARY."

Wm. O. Markham, M. D., F. R. C. P., F. K. Q. C. P., author of a prize essay on the *Surgical Practice of Paris*, and of a *Treatise of Diseases of the Heart*, in his address on *Medicine*, says: "It may be cruel, and humiliating to the pride of medicine, to acknowledge that from the days of Hippocrates to our own it has put faith in and practiced the most grievous errors."

Professor Martin Payne, M. D., says: "Drugs do but cure one disease by producing another."

The celebrated Dr. Ramage says: "It cannot be denied that the present system of medicine is a burning shame to its professors, if, indeed, a series of vague and uncertain incongruities deserves to be called by that name. How rarely do our medicines do good! How often do they make our patients really worse! I fearlessly assert that, in most cases, the sufferer would be safer without a physician than with one. I have seen enough of the malpractice of my own professional brethren to warrant the strong language I employ."

Dr. Reid: "More infantile subjects are perhaps destroyed by the mortar and pestle than in the ancient Bethlehem fell victims in one day to the Herodian massacre."

Professor Reil: "Our knowledge of the effects of medicine is empirical."

Dr. Adam Smith: "The great success of quacks in England has been altogether owing to the real quackery of the allopathic physicians."

Thomas Smith, F. R. C. S., Surgeon to St. Bartholomew's Hospital, late Honorary Secretary Royal Medico-Chirurgical Society, wrote: "Medicine, as a whole, as it comes to us, is not a science properly so called, and has none of the exact laws of true science, nor are its doctrines capable of demonstration."

The venerable Professor Alexander H. Stephens, M. D., of the New York College of Physicians and Surgeons, in a lecture to his medical class, says: "The older physicians grow, the more skeptical they become of the virtues of medicine, and the more they are disposed to trust to the powers of nature." Again, "notwithstanding all our boasted improvements, patients suffer as much as they did forty years ago."

Hahnemann has sometimes been blamed for the severity of his criticisms upon the absence of therapeutics in the allopathic school, but he never said anything half so severe as many of the criticisms given above from the pens of professional allopaths; nor have the most ardent champions of Homœopathy ever spoken of allopathy in such opprobrious terms as we here see its leading men speaking of it. Hence when allopaths tell us that they are bitterly opposed to Homœopathy on account of its unscientific character, its impotence to cure disease, its absurdities and its opposition to all the experience of the two thousand five hundred years during which their own miscalled *Scientific* system has existed, they simply hurl a boomerang which recoils upon their own illogical skulls, and leaves Homœopathy progressing unharmed!

Each and every one of the above quoted men is now, or was, an eminent allopath; and if such distinguished gentlemen can thus publicly proclaim their ignorance, how about the average allopath who only knows enough of medicine to enable him to abuse Homœopathy, the science of therapeutics—a science which he has not the brains to comprehend!

Inasmuch as this was written in the Island of Jamaica, where yellow fever is endemic all the year round, and sometimes epidemic, and where all who are attacked with it and are treated allopathically are liable to die, and nearly all so treated



do die, I add the following quotation from the *Daily News Letter* of September 3d, 1890, for the sake of contrast :

MEDICAL—YELLOW FEVER IN FLORIDA, U. S. A.

(September 8th, 1892. Written September 6th, 1890).

Henry R. Stout, M. D., Jacksonville, Florida, U. S. A., in his official report to the American Institute, concerning the yellow fever epidemic which began in August 8th, 1888, says that "the allopaths largely adhered to their germicidal treatment with *bichloride of mercury*, often prescribing it in the most reckless manner, causing dysentery and exhaustion with frequent disastrous results to the patient. One physician reported a mortality of twenty-eight per cent." "Under homœopathic treatment the disease is no more to be feared than an ordinary remittent fever. That such is the case is capable of demonstration from the books of the Board of Health of Jacksonville, Florida. There were reported 4,696 cases, with 430 deaths, a mortality of 9.2 per cent. Of this total number of cases 2,173 were white, with 331 deaths, a mortality of 15.2 per cent. The mortality among the negroes was 4 per cent. At Sand Hill hospital 216 cases were treated with 34 deaths, a mortality of 15.7 per cent. There were reported 501 cases treated homœopathically by Drs. P. E. Johnson, C. W. Johnson, and Henry R. Stout, with 13 deaths, a mortality of 2.6 per cent.—being less than one-third of the total general mortality. Included in these thirteen deaths is one case that had been previously overdosed by *bichloride of mercury*, and one that had been abandoned in a hopeless condition by an allopath. Each case was reported to the Board of Health by the visiting physician within a few hours after his first visit to the patient, giving the patient's name, age, residence, etc. If death followed, then the death certificate also gave name, age, residence, etc."

The foregoing cases of extreme fatuity and "unconscious bias" were in my original manuscript, but were of necessity

omitted from the Jamaica newspaper article for want of space. The portion then printed has been copied into medical journals of the United States, but is incomplete without this, and, as a whole, makes a powerful arraignment of the *unscientific* old school of medicine, which steals our thunder, and then abuses us for making thunder, and maligns us for having any originality of thought.

If you would fully appreciate the ignorance and brutality of the average allopath you should go to Jamaica and encounter those half-educated, or so-called "licentiates," *English* "doctors" who have no diploma but have plenty of supercilious insolence.

The allopaths show us no mercy. We should give them no quarter, and the sooner our President issues a proclamation forbidding English and German doctors to practice in America the sooner will their law-makers come to their senses, and recognize American diplomas, as well as use American text-books in their so-called colleges, as now.

I desire to acknowledge my indebtedness to *Homœopathic League Tract*, No. 9, and to a publication entitled *Scientific Opinions on Drug Medication and Allopathy*, kindly sent me by Dr. James Gordon Bennett, of Halifax, Nova Scotia. I have merely culled and compiled, with the addition of a little fresh material, and made the document unanswerable and incapable of any disputation, by spending time and labor in hunting up the numerous titles of these fatuitious gentlemen.

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## POTENTIATION PHYSIOLOGICALLY PROVEN.

PROF. DR. GUSTAV JAEGER, STUTTGART, GERMANY.

[Translated from the Leipzig *Allegm. Homœp. Zeitung*, Vol. 125, No. 1 and 2.  
by B. Fincke, M. D.]

Continued from page 373 (Sept., 1892).

(c.) *The lower potencies of the Alkali-salts.*

The reasons why I have measured the potencies below the

point of indifference, first and separately from the higher ones are the following :

(1.) I wanted to set myself right as quickly as possible as to whether such a laborious and time-taking work as the measurement of more than one hundred substances were worth the trouble ; for this purpose the measurement of the lower potencies was sufficient.

(2.) The toxicology and posology working for scholastic medicine have experiences on the lower potencies, because they have proved the poisonousness of these substances. The neural analysis of the lower potencies could be controlled by them. It also gives information about the relations of poisonousness if not about all, yet about one part of them—the *paralytic* one—and if now the result of the neural analysis coincides with the experiences of the toxicologists, this is *per se* already valuable. But then it throws a clear light upon the results of the measurement of the *higher* potencies, and in this way :

Neural analysis measures exactly like a thermometer, two values contrary to a point of zero. *Paralysis and animation* are opposed to each other as *cold* and *heat*. If an optician manufactures a thermometer he determines the point of zero and the boiling point by which he obtains the scale for the degrees of *heat*, he now immediately draws conclusions from it upon the degrees of *cold*, and if somebody would maintain that the thermometer could measure the degrees of heat, but not those of cold ? This were sheer nonsense ; he would surely be declared crazy.

Thus, also, it is with neural analysis, if it indicates the relations of poisonousness which express themselves in values of paralysis correctly—*i. e.*, in accordance with the general experience—then, also, the opposite numbers, the values of *animation* must be real, and cannot depend upon accident, imagination, or what else may be the phraseology of the gentlemen critics.

This is the main reason why I have first applied neural



analysis to the lower half of the scale of the nerve-actions, and dedicated to them also the following tables:

III Table.    The Lower Potencies of the Kali-salts.

POTENCY.	3	4	5	6	7	8	9	10	11	12	13	14	15	SUMS OF THE MINUS VALUES.
Ka.-jod.	— 2—	1—	3	+11	+17	+28	+24							6
" carb.	—37—	—19—	—16—	—20—	8	+	3	+10						100
" sulph.	—40—	—13—	—15—	—19—	8	+	2	+	8					95
" chlor.	—40—	—23—	—13—	—14—	—10	+	6	+	9					100
" nitr.	—43—	—22—	—14—	—14—	—12	+	4	+13						105
" phosph.	—43—	—28—	—26—	—25—	—28	—20—	—12—	—12—	—11—	8—	7—	2		222
" brom.	—70—	—45—	—33—	—31—	—26	—32—	—26—	—25—	—28—	—19—	—17—	—13—	—7	372
Mean.	—39—	—21—	—17—	—15—	—11	— 1	+	4						104

(1.) Formally the following is to be said on the foregoing table:

(a) The upper horizontal column gives the potency-numbers, which run from three to fifteen, once because I had examined in all these measurements the 1st and 2d potency, then because the table must reach so far till the most obstinate salt, the Kalium-bromatum, arrived at its point of indifference.

(b) Now in seven horizontal columns follow the numbers for the seven measured salts. How far in every horizontal column the *low* potencies reach can partly be seen from the sign of the numbers, which for the *low* potencies is the *minus* sign, for the *higher* potencies the *plus* sign, partly from the fact that a vertical line separates in every horizontal column the minus values from the series of the plus values. I call this the *line of indifference*. It lies in Kalium-jodatum between the numbers of the 5th and 6th potency, in the four next salts between the 7th

and 8th, in Kali-phosphoricum, between the 14th and 15th; in Kalium-bromatum, behind the 15th.

(c) The last horizontal column marked *mean* gives for every potency a mean number formed from seven different salts for the sake of comparing the groups of the Kali-salts with that of the Natrum-resp., Ammoniac-salts. The formation of this mean number, of course, rendered it necessary to note in the table also the plus value of a part of the higher potencies of those salts which previously reach the point of indifference, and this so far till the concerning mean number itself resulted in a plus value, which here happened at the 9th potency. Where the potency yielded throughout minus values they were added and divided by seven. Where the vertical column, as the case is after the 6th potency, contains values of either kind, the minus and plus values were added separately, the difference formed and divided by seven.

(d) Since with the toxical property of a substance the question is not only what paralytic effect it exerts upon a certain potency, but also how long its poisonousness opposes the method of attenuation—in other words, how high its point of indifference is, a *sum* had to be formed from the minus values—i. e., the paralytic effects of all the lower potencies of every salt and for the series of the mean numbers in order to obtain a *single* number for *both* factors. These numbers are contained in the last vertical column.

(2.) On the contents of the table is to be said next that the course of the line of indifference divides these seven Kali-salts into three strikingly different groups.

The I group is formed by the Kalium-jodatum with quite an insignificant poisonousness which shows itself in the table in two ways: (1.) In the low paralytic numbers of the 3d, 4th, and 5th potency. (2.) In the circumstance that the change from paralysis into animation lies already between the 5th and 6th potency. Both together express themselves in that the sum of the minus values has only 6 points.

The II group consists of four substances, Kali-carbonicum, Sulphuricum, Chloricum, and Nitricum. Their third potencies

have paralytic values of 37 to 43, and the point of indifference lies with all them between the 7th and 8th potency, therefore, higher by 2 potencies than with Kalium-jodatum, and the sum of the minus values lies with them between 95 and 105.

The III group is formed by Kali-phosphoricum and Kalium-bromatum, which, indeed, are so different that every one could form a group by itself. That which is common to both and makes them different from group I and II is the exceedingly high position of the point of indifference. Whilst in Kalium-jodatum it lies between the 5th and 6th potency, in group II, between the 7th and 8th, it is in Kali-phosphoricum, between the 14th and 15th potency, in Kalium-bromatum, between the 15th and 16th potency. In accordance with this, the sum of their minus values is also more than double as high as with group II. The difference within this 3d group consists in this: whilst they in regard to the position of the point of indifference coincide very nearly, they differ remarkably in the *gravity* of the paralytic effect. The difference in the 3d potency is 27, in the 4th potency 17. This great difference repeats itself again from the 8th to 14th potency, and the cause of it is the great difference of the sum of the paralytic values. Whilst Kali-phosphoricum concludes its series with 222 points, Kalium-bromatum reaches the number 372 as the most paralytic of all the Kali-salts.

If we compare the neural analytic result with the experiences which have been obtained in regard to these Kali-salts in another way, the following is the result:

(a) The contrast between Kalium-jodatum and Kalium-bromatum, established by neural analysis, corresponds exactly with the known facts. Kalium-bromatum is the main medication of allopathy against epilepsy—*i. e.*, not as the remedy, but as the palliative—a property which it owes to the circumstance that it cancels the cramp irritation of the nerve system, which must be considered as a paralytic influence. Kalium-jodatum, on the contrary, belongs to those medicaments of allopathy to which it ascribes the most vigorous and far-reaching actual healing action—*i. e.*, the capability to induce the dissolution and



absorption of morbid products and to which it also clung persistently in the times of the strongest nihilism. This accords very well with the circumstance that this salt oversteps the point of indifference already between the 5th and 6th potency, and after this potency acts *animating*, therefore, also *healing*, that, also, in giving allopathic doses if they are not repeated too often, an animating degree of attenuation can rapidly be reached by potentiation in the organism.

(b) The middle position of group II corresponds perfectly with the experience. Of its relatives no such paralytic actions are known as of *Kalium-bromatum*, and no such healing actions as of *Kalium-jodatum*.

(c) Furthermore, it corresponds with experience, that between the substances of group II no striking differences are known in regard to poisonousness ; hence, the fact of the table that their paralytic numbers and the position of the point of indifference are very near each other. The latter fact, the great correspondence of the four Kali-salts of group II, has induced me in the measurement of the higher (animating) potencies of the Kali-salts to abstain from the proving of all four members of this group, and to confine myself to the measurement of *Kali-carbonicum* as their representative.

(d) On the position of *Kali-phosphoricum*, as obtained by the neural-analytical measurement, the following is to be said : An accordance of neural analysis with other experience furnishes the fact that *Kali-phosphoricum* is not to be found in the list of the official medicaments, whilst all other six Kali-salts of our investigation enjoy this honor, yet not all for the same reason, viz. : *Kalium-bromatum*, on account of the high paralytic effect which it exerts on the nerves, and *Kalium-jodatum*, on account of its high dissolving, expelling power. As to the reason which caused the school-medicine to receive the Kali-salts group II among the medicines, only this can be said as the result of neural analysis : The paralytic numbers 95 to 105 give them a middle position, they are alluring neither as animating nor as paralytic medicaments, otherwise they are not so paralyzing that they could not be used on account of other properties and

without evident danger of poisoning. We now come to the question: Why has the allopathic healing art not used Kali-phosphoricum for healing purposes? This is answered by the neural-analytical result, as follows: with the number 222 this salt stands in the midst between Kalium-bromatum (372) and group II (100); that is all. For if the allopathic physician wants to exert a paralytic influence he recurs to the medication which corresponds mostly with this indication, and this is in this case Kalium-bromatum and not Kali-phosphoricum. On the other hand, if he desires to attain ends for which he applies salts of group II, he shall long for those with which his indication can be best fulfilled without disagreeable by-effects, and thus he shall abstain from the use of Kali-phosphoricum because its nervous by-effect is to easily produce paralytic phenomena. In this way the accordance of neural analysis with other facts is restored. Unfortunately, the circumstance, that Kali-phosphoricum is not officinal, is the cause that in the literature of the toxicologists, nothing can be found for our purposes.

IV Table. The Lower Potencies of the Natrum-salts.

POTENCY.	3	4	5	6	7	8	9	10	SUM OF THE MINUS VALUES.
Na.-mur.	— 5	+ 6	+ 7	+23					5
" nitr.	—10	+ 2	+10	+21					10
" carb.	—14	—16	— 2	+ 5					32
" sulph.	—19	— 8	— 4	+ 4					31
" phosph.	—25	—31	—25	—20	—14	—10	+ 1	+7	125
" brom.	—35	—34	—30	—22	—16	—22	—13	—8	180
Mean.	—18	—12	— 6	— 2					38

Also here, as with the Kali-salts, three groups show themselves distinctly.

The I group is formed by kitchen-salt and saltpetre, both of which show only in the 3d potency paralytic numbers, and already in the 4th give animating effects which also far surpass Kalium-jodatum in lack of poisonousness, though the sum of their paralytic values show no considerable differences. With this in the most evident manner agrees the incontestable doctrine of experiences that to these two salts belongs the lowest degree of poisonousness, the fact that these two salts are the only alkali salts which we use as seasoning for our food and which we can use on account of their indifference or non-poisonousness. Also the difference between kitchen salt and saltpetre which allows the use of kitchen salt in greater quantities than of saltpetre without direct damage, appears clearly in the first numbers of the table; the 3d potency gives for kitchen salt 5%, for saltpetre 10% paralysis; the 4th potency for kitchen salt 6% animation, for saltpetre only 2%. This at the same time expresses that the point of indifference for kitchen salt of the 3d potency lies nearer than for saltpetre. When the solution of kitchen salt for injections and in microscopy considered as indifferent (physiologically) has been determined to be 0.6%, which, according to neural analysis, produces paralytic effects; this does not militate against its correctness; for it is a fact which will occupy us later extensively, since I can furnish proofs by numbers that these substances act more powerfully by inhalation than in any other way.

The II group is found by Natrum-carbonicum and sulphuricum. The experiential fact that these two salts are much less harmless than kitchen salt and saltpetre as to preclude their use as seasoning of food, agrees with the numbers of the table exactly. They show that the indifference with them appears first between the 5th and 6th potency, therefore two potencies higher than in group I, and when we look at the paralytic numbers of the food salts: kitchen salt 5, saltpetre 10; on the contrary, Natr-carbon. 32, Natr-sulph. 31, we have an expression in numbers as well for the difference between groups I



and II, as also for the great similitude of Natr-sulph. and carbon which corresponds entirely with the known facts.

III group. This is exactly formed as with the Kali-salts, from the phosphoric and bromate-salt, and also again exactly with the difference as with the Kali-salts, viz., that the Brom.-salt is more paralytic, different and poisonous than the phosphorous-salt; with the latter the indifference lies between the 8th and 9th potency, therefore higher by three potencies than in group II, and with the Brom-natrium it occurs first between the 10th and 11th potency, is therefore higher by five potencies than in Group II. The sum of the paralytic numbers is with Natr-phos. 125, with Natr-brom. 180 and the exactitude of neural analysis is remarkable: the sum of the paralytic numbers is with Kal-phosph. 222, with Kali-brom. 372. Almost exactly the same proportion with Natrum the Phosphorus and Brom.-salts are as 12.5 : 18, with Kali as 11.1 : 18.6 and such a wonderfully working method is looked upon since almost ten years by the entire learned world with a shrug of the shoulders and hands in the pockets—but we rather not say it. Humboldt says: “In Germany *netto* two centuries are required to abolish a stupidity, one to find it out, another to set it aside.” That the same is valid also for the introduction of inventions history proves in many instances.

*Comparison of Kali and Natrum-salts.*—For this purpose serve the mean numbers of the last horizontal column in Tables III and IV, especially the there given sum of the paralytic values, which with the Natrum-salts is 38, with the Kali-salts 104, two numbers which are about as 1 : 3—*i. e.*, if we reckon as above, the Kali-salts are three times as poisonous as the Natrum-salts. Now nobody will contend that all the facts known speak for the greater poisonousness of the Kali-salts, viz., of their ability to produce paralyses, especially paralysis of the heart. This has especially come to-day in the provings of the extracts of meat which are so rich in Kali-salts.

Dr. E. Kroener, homœopathic physician in Potsdam, was so kind as to examine the toxicological literature in regard to statements in this relation and sent me the following data :

(1) Natrium-salts are in the triple-fatal doses of the Kalium-salts still unpoisonous when injected in the veins.

(2) Of Chlor-natrium by the mouth the fatal doses for man is 250–500 gr.; for animals (probably rabbits) 10–15 gr. Of Chlor-kalium 1 gr. kills a rabbit instantaneously.

(3) Natrum-carbonicum relatively unpoisonous; of Kali-carbonicum two fatal cases by 15 gr. are stated.

(4) Natrum-sulphuricum relatively unpoisonous; Kali-sulphuricum one fatal case after 10–20 gr.

(5) On the two saltpetres there were only two statements. Natrum-saltpetre killed dogs in doses of 6–7 gr.; Kali-saltpetre men with 8 gr. Since the body of man is more voluminous than that of the dog, it also here appears that Natrum-salts, in order to force poisonous effects, must be taken in relatively larger doses than Kali-salts.

The foregoing culling from the toxicological literature of the school-medicine is indeed small, and the material in numbers—in comparison with mine—very poor, but yet sufficient to show that neural analysis and toxicological experience agree in that Kali-salts are by many degrees more poisonous than Natrum-salts.

Of the Ammoniac-salts, as will be seen, only four have been investigated, for the same reasons that, after furnishing the measurement of the lower potencies of the Kali-salts, I put aside three of seven and measured only the higher potencies.

These reasons are shortly, as follows:

(a) Regarding the Kali and Natrum-salts, I had convinced myself, that concerning the nervous effect they divide into three groups, of which, especially Group II, consists of such which in their action are so similar to each other that it is not worth while to measure them through all the potencies. To exemplify the method, I set aside three Kali-salts of this Group II, and with the Ammoniac-salts confined myself generally to a member of this group, viz., to the Carbonate. In order, however, not to reduce too much, I exempted the Natrum-salts, of which I originally had examined one less than of the Kali-salts, from the reduction.

V. Table. The Lower Potencies of the Ammoniac-salts.

POTENCY.	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	SUM OF THE MINUS VALUES.
Am-mur.	-34	-22	-25	-30	-23	-19	-10	-2	+	4	+	8	+	9	+	10	+	12	165
" carb.	-50	-36	-36	-24	-37	-21	-12	-7	+	4	+	3	+	9	+	9	+	10	223
" phosph.	-64	-44	-46	-41	-26	-47	-32	-31	-20	-15	-11	-12	-13	-17	-13	-8			442
" brom.	-63	-43	-45	-40	-35	-38	-32	-29	-29	-25	-18	-23	-22	-33	-24	-21	-15	-8	543
Mean.	-53	-36	-38	-34	-30	-31	-22	-17	-10	-7	-3	-4	-3	-5					293

(b) The Group III, consisting of the Phosphorous-salt and the Bromium-salt I did not want to reduce, because they are not so similar to one another as the salts of Group II, and thus the number 4 resulted.

If, in the above table, we consider only the position of the point of indifference, the Ammoniac-salts have not the division into three which is so sharply marked in the Kali and Natrum-salts. For both salts, which represent Groups I and II, have the point of indifference between the 10th and 11th potency.

If, on the contrary, we consider the numbers of the two salts, also here the difference of Group I and II distinctly appears, in so far as the Chlor-ammonium, with a paralytic value of 34 in the 3d potency, and with a sum of 160 is pretty less different than Ammon-carb., with paralytic value of 50 in the 3d potency and the sum of 223. This is the counterpart to the Natrum-salts where the combination with Chlorum likewise is decidedly less poisonous than the Carbonate. (See also the annexed table.)

The contents of the table are remarkable for the following :

(a) The correspondence with the Kali-salts, which consists in



that the proportions between Group II and III are almost the same: as to *Kali* the point of indifference of Group II is between 7th and 8th, in Group III between 15th and 16th, therefore doubly as high; as to *Ammoniac* the concerning numbers are 9th and 10th in II, and 20th and 21st in III. The sums of the minus values are also almost equal. Kali-salt, Group II, 95-105; Phosphorus-salt, 222. Ammoniac-salt, Group II, 223; Phosphorus-salt, 442, therefore, both times a proportion of 1:2.

(b) The difference between Phosphorus and Bromium-salts repeats itself here almost in the same manner; at one time the point of indifference is higher in the latter, then the sum of the paralytic values is greater with the Bromium-salts, only this difference is proportionately smaller. If we examine the single numbers, we find that the paralytic values, up to the 10th potency, are almost equal with both, only with and after the 21st greater differences appear.

(c) The most remarkable fact of the table, that there are substances which even in the 18th potency, therefore in trillionth attenuation, yea even in the 20th potency, can act as *atmospheric poisons*, therefore in an attenuation in which chemistry proves itself perfectly powerless, can be considered only after we have finished the production of numbers.

#### COMPARISON OF THE AMMONIAC-SALTS WITH KALI AND NATRUM-SALTS.

A comparative view of the three tables teaches that of all the three groups the Ammoniac-salts have the greatest poisonousness, the greatest difference respectively hostility to life, and that in this they surpass the Kali-salts in almost all points.

(1) In the position of the point of indifference. With the *Natrum*-salts it moves between the 3d and 11th potency; with the *Kali*-salts between 5th and 6th; with the *Ammoniac*-salts between 10th and 21st.

(2) The mean numbers teach it in both ways: (a) in the numbers of the 3d potency, which, with the *Natrum*-salts, is 18, with the *Kali*-salts 38, with the *Ammoniac*-salts 48; (b) in

the sum of the paralytic values: the sum of the six Natrum-salts is in the average 38; that of the Kali-salts, 104; that of the four Ammoniac-salts, 293.

The following statements in literature agree with the facts, that Ammoniac-salts are more poisonous, more different, than Kali-salts.

(1) For Chlor-kalium the dose prescribed is 1.0 to 2.0 gram.; for Chlor-ammonium, only 0.2 to 1.0 gram.

(2) For Brom-kalium the dosage commences with 0.5, for Brom-ammonium with 0.1, and at the same time it is stated that Brom-ammonium produces a stronger anæsthesia of the mucous membranes than Brom-kalium.

[TO BE CONTINUED.]

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## A CASE OF CUPRUM POISONING.

JOHN M'E. WARD, M. D., PHILADELPHIA.

Female, æt. twenty-four, brunette, rather tall, well developed, intelligent, sanguine temperament, single.

Previous and family history good.

Has had measles and whooping cough before the ninth year. No diseases since. First menstruated at thirteen years, dysmenorrhœa being a constant attendant. Bowels and urine previously normal.

Five years ago accepted a situation and has since been continuously employed in a factory weaving the insulation on copper wire, used for electrical purposes. Minute particles of the metal, with dust, etc., are continuously floating about, in quantity sufficient to require sweeping the floor twice daily.

Presented herself to me September 20th, 1892, and was under observation and treatment until January 23d, 1893.

*History:* In early part of July, while working in the mill, without any warning whatever, fell in a "fit," accompanied by an intense griping abdominal pain; was unconscious, frothed at the mouth, and lost both urine and feces involuntarily. The spasm lasted from three to five minutes, and was so violent as

to require several attendants to "hold her down." With returning consciousness came the abdominal pain, which was severe enough to bring on another convulsion.

A doctor (allopath) was sent for, who diagnosed "menstrual colic," and after having her removed home, prescribed "something which made her sleep."

She remained in bed one week and was under his care two weeks, the "fits" continuing, one to five in twenty-four hours; also the abdominal pains, etc. At this point was transferred to my care.

*Status presens:* Intensely nervous, is in constant motion, hands picking at clothing, handkerchief, etc.; feet moving incessantly, whether sitting or standing.

On walking, *staggers* as if intoxicated, can't control legs so as to walk a straight seam in carpet.

On standing or walking, the knees "*give out*" and she "falls in a heap," this occurs repeatedly.

The abdominal pain is severe, and seems to concentrate from all directions to a point at the middle of transverse colon, it never radiates, always concentrates (as do the spokes of a wheel to the hub) at which time it feels as if a lump were there (intussusception).

The pains are worse from breathing, walking, or motion of any kind. Better when sitting doubled up, but not relieved by pressure.

On looking up suddenly, dizziness occurs, sensation as if looking through a veil, sometimes momentary obscuration of sight, followed by vertigo, would fall unless help were at hand. Eyes feel bruised and have dark circles around them. Headache in forehead and between the eyes. Slow and fairly regular movement of eyeballs from side to side.

Insomnia, restlessness, wants to go somewhere or do something all the time, but movement seems to make all symptoms worse.

Cannot control her mind so as to do anything.

Frequent daily nausea and retching. Better when lying down, fasting; would go several days without food on this account.



All stomach symptoms better from *warm* milk. Stomach and abdomen considerably swollen, cannot make clothes meet.

Taste decidedly coppery ; no taste for foods, everything tastes alike ; fluids choke her ; tongue coated light brown in centre ; dry mouth but no thirst.

*Persistent, painless diarrhœa, not exhausting, however ; feels better after a passage.*

*There is involuntary defecation and urination during a convulsion and a free, clear, voluntary urination, with great relief, afterward. Coryza and epistaxis almost always follow a convulsion.*

Intense soreness of entire muscular system ; temporary paralysis of right side, *leg mostly affected*. (This wears away in fifteen to thirty minutes.)

The menses have been totally suppressed for five months, there is leucorrhœa with pruritis ; vagina usually hot and dry.

*Treatment* : The history of the case and symptoms led me to Copper as the cause of the trouble. I therefore gave Hepar<sup>12</sup>, as being antidotal, four doses daily ; this was continued for five weeks, with most excellent results, nearly all the prominent symptoms clearing up. One dose of Pulsatilla served to re-establish the menstrual function in three days, and that without the dysmenorrhœa that had formerly existed. The nervous and gastric disturbances were successfully treated with Nux-vom.

From this time to the end of treatment, she has been receiving Hepar<sup>30</sup> and an occasional dose of Ignafia and Dulcamara as symptoms required.

Since January 23d—four months after beginning treatment—she has been free of all symptoms ; nervous troubles have disappeared ; appetite good ; menstruates regularly and without discomfort. She is now engaged in another business.

It is also worthy of remark that several other women employed in the same work have been similarly affected, but in a modified degree, and in *none* of the cases, so far as I can ascertain, was there a diagnosis of “copper poisoning.”

## IS CAMPHOR THE GENIUS EPIDEMICUS OF THE PRESENT CHOLERA INVASION?

G. R. BALL, M. D., BOSTON, MASS.

September 17th, I prepared quite a quantity of Spts. of Camphor, making a saturated solution, and was exposed to the strong fumes for about two hours.

September 18th, soon after rising, was taken with very severe cramps through abdomen, followed by a copious evacuation, markedly exhausting. Two hours later a second evacuation, not as copious but much more exhausting. I now took a single dose of Camphor<sup>dm</sup> (Swan). Rested quietly for an hour, keeping well covered and taking nothing into my stomach but a few spoonfuls of ice-water. Had a very comfortable afternoon and night, there being no more evacuations. September 19th in usual good health, excepting a slight weakness. I may add, I had eaten nothing which could have caused the attack.

Might not this serve to confirm Dr. Swan's hypothesis that each crude drug is completely antidoted by its own high potency?

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## A FEW MORE CASES CURED WITH THE HIGH AND HIGHEST POTENCIES.\*

J. EMMONS, M. D., RICHMOND, IND.

CASE I.—Was called to a neighboring village six miles distant to see Mrs. B——, supposed to be near death's door from facial phlegmonous erysipelas. Face swollen beyond recognition. It had commenced and was still worse on the left side—purple, with burning pain. She would awaken from short sleep in great distress, and was afraid to go to sleep again. She could not allow anything around the neck or even touch it. Sense of suffocation. She could hardly get her breath at times from a choked feeling. Lach.<sup>cc</sup>, three doses three hours apart. Much better in twenty-four hours, and made a good recovery without more medicine.

CASE II.—Mrs. R——, whilst still in bed, one week after

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\* See THE HOMOEOPATHIC PHYSICIAN for August, 1892, page 364.

confinement, was attacked with facial erysipelas. In twelve hours the left eye was closed, color purple and burned like fire. Placed one dose of Lach.<sup>cc</sup> on the tongue; called the next morning. Swelling nearly gone; eye open—and when asked about the burning, said she “had felt nothing of it since I placed that powder on her tongue,” that was the last of it.

CASE III.—Mr. S——, age twenty-four; single; typhoid fever. At the end of second week his father came to my office at six o'clock of one of the coldest mornings last winter. Said John had bloody stool and was much worse. I gave him two powders of Alumina<sup>1000</sup>, told him to give one on his return and the other in one hour, and I would see him on going out at nine o'clock. Before the father's return the patient had a second stool, the two filling a wooden bucket two-thirds full—they had kept them for my inspection. At my visit found him cold and pulseless, but as there had been no hemorrhage since taking the first powder (unless it was concealed), I concluded to await results, and would call again in the evening. At my second visit I found reaction had taken place. No more hemorrhage, and he, too, made a good recovery without another dose of medicine.

CASE IV.—Mr. R——; married; about twenty-five years old. He too lived six miles away, had been sick some time from a mismanaged or neglected pneumonia. Cough, night-sweats, frequent pulse, and, to all appearances, as if in the last stage of pneumonic-consumption. An abscess had burst that day and was discharging a great amount of pus. He said it “tasted like *matter*.” He received three doses of Pyrogen<sup>cm</sup> that day, three hours apart. Made a rapid recovery without any more medicine.

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## THE WESTERN HAHNEMANNIAN CLUB.

HORACE P. HOLMES, M. D., OMAHA, NEB.

At the office of Dr. H. P. Holmes, in Omaha, there gathered Saturday evening, February 11th, a number of physicians for the purpose of forming a medical society, the principles of which



should be strictly Hahnemannian. It is the first institution of the kind west of Chicago, and the event certainly marks an era in the work and spread of the better kind of Homœopathy. Ten physicians joined as charter members and several more have promised, so the new society enters upon its career with some sixteen members.

A peculiar feature of the meeting was the perfect unanimity of feeling, as not a sentence of the preamble, declaration, Constitution, nor By-Laws met with an opposing voice. The only feeling manifested was that the new society should be as perfectly formed and governed as was necessary for an institution of the kind.

The following preamble and declaration was adopted :

“In consequence of the fact that Homœopathy, as taught by Hahnemann through his life-work and his *Organon*, is suffering at the hands of those who would adulterate it with the uncertainties of allopathy, electricism, and empiricism, we, the undersigned physicians, believing that the truest and best system of therapeutics is that covered by the law ‘*Similia Similibus Curantur*’ and the *Organon* to be the best guide in practice, do hereby organize ourselves into the *Western Hahnemannian Club* for the purpose of promoting the welfare of true Homœopathy and for our mutual improvement.”

“Declaration: We believe the principles set forth in Hahnemann’s *Organon of the Healing Art* to be the only true guide in therapeutics, the law of similars the only basis for prescribing, the single indicated remedy to be ever the best, and that as practitioners of Homœopathy we consider the mixing and alternating of remedies to be non-homœopathic, and believe that the nearer we follow the law of similia the better will be the results.”

The Constitution provides for the application and admittance of members in the following manner: The applicant shall indorse the declaration at the time his application is presented. This application shall lay over for one month, and at that time is voted upon by ballot only. Two negative ballots shall lay it over for one month more, and at this second trial two negative ballots shall lay it over for six months. No application shall

be presented to the society nor be acted upon with the applicant present.

It is the aim and intention of the club to be largely of a social nature and to run with as little machinery as possible. But one permanent officer is elected, that one being the Secretary, who shall also act as Treasurer. The presiding officer is temporarily appointed at each meeting. The club will start with Omaha and Council Bluffs as a nucleus, and it is hoped it will rapidly grow to take in a large portion of the Missouri Valley. At present its meetings will be held semi-monthly, the first and third Saturday evenings in each month. Quarterly or semi-annually extra sessions will be held, at which time outside members will have a better opportunity to be in attendance.

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## PROVINGS AND CLINICAL OBSERVATIONS WITH HIGH POTENCIES.

MALCOLM MACFARLAN, M. D., PHILADELPHIA.

### KALI-HYD.<sup>CM</sup>.

Confused, senseless, unconnected dreams the whole night, causing unrefreshing sleep; cannot remember his dreams.

### PALLADIUM<sup>20M</sup>.

Wakeful until two o'clock in the morning; a very prominent symptom.

### PHYTOLACCA<sup>47M</sup>.

Sleepy, in a slight degree.

### PLANTAGO-MAJ.<sup>5C</sup>.

After supper broke out in a profuse sweat, and then felt so sleepy couldn't keep awake; awoke in a fright, a symptom observed in several provers.

### POLYGONUM-HYDROP.<sup>42M</sup>.

Sleepless; not a prominent symptom.

RHUS-TOX.<sup>105M</sup>.

Cannot sleep at night for the itching of the feet; *restlessness very great*, because of general irritation of the skin; involuntary scratching.

SAMBUCUS-NIG.<sup>45M</sup>.

Night-mare; vivid, frightening dreams; dreams of drowning.

## FEVER.

ACONITE<sup>50M</sup>.

Has frequently arrested for a time the night-sweats of consumptives; usually causes profuse sweat; profuse sweat during sleep, and for some time after waking; several provers had to get up in the night to change their clothing in consequence; cured or modified great sweating in a variety of diseased conditions; generally causes rapid decrease in temperature in acute febrile conditions. In the judgment of the writer it is the most useful remedy for this purpose.

Sweating is the first symptom or most prominent after giving potentized Aconite.

ARSENIC<sup>6M</sup>.

Chilly and feverish, mostly toward sundown; *night-sweats*; cannot sleep very well because of mental anxiety, which is apparently without cause; fever and sweat every afternoon; sweat again late in the night; it is general or over the whole body, but not profuse.

AGARIC-MUSC.<sup>47M</sup>.

Continued thirst, unquenched by water or liquids; very marked symptom; usually drinks nothing between meals, now takes a great deal of water; kidneys very active, but apparently has no fever.

ASCLEPIAS-TUB.<sup>45M</sup>.

Free perspirations without fever; continual slight moisture of skin.



BURSA-PASTORIS<sup>9M</sup>.

Violent fever, very thirsty ; fever lasts but a short time, followed by free perspiration.

CIMICIFUGA-RAC.<sup>95M</sup>.

Slight fever every afternoon between twelve and four.

CORNUS-FLOR.<sup>45M</sup>.

Chilly sensations come on frequently, although the prover is generally warm at the time or does not wish to be covered ; so-called nervous chills.

EUPAT-~~PERF~~.<sup>CM</sup>.

Attacks of chills in the morning ; could not get warm, so chilly ; slight fever, followed by very free perspirations.

GUAJACUM<sup>5C</sup>.

Violent fever ; face became spotted during the fever ; eyes, nose, and cheeks appeared puffy ; tight, dry cough.

HYDROPHOBIN<sup>1M</sup>.

Much fever ; no preceding chill ; pulse small and rapid ; great thirst ; great desire to drink quantities of cold water.

HYOSC-NIG.<sup>CM</sup>.

Ague-like chill every other day at eleven o'clock ; fever and sweat, with continual *stupefying headache* ; cannot bear the least noise and avoids the light.

IODINE<sup>17M</sup>.

Considerable fever ; hot, dry, burning skin all day long ; creepy sensations ; no sweat.

OXALIS<sup>1M</sup>.

Sudden flushes of heat, alternating with nervous, chilly sensations.

PHYTOLACCA-DEC.<sup>47M</sup>.

Chilly every morning, in a mild degree.

PLANTAGO-MAJ.<sup>5C</sup>.

Free perspiration in the early part of the evening, preceded by slight fevers.

PLANTAGO-MIN.<sup>5C</sup>.

Fever of a mild type comes on suddenly, followed by sweat ; nervous, frightening dreams ; all this in the fore-part of the night.

NAT-MUR.<sup>CM</sup>.

Causes general coldness ; disposition to put on more clothing ; cured very many cases of chills and fever, especially coming from the prevailing practice, and after the use of Quinine. Chilliness without much if any sweat.

SYMPHYTUM-OFF.<sup>15C</sup>.

Alternately cold and feverish all day ; after a few days continued coldness and a desire to have on more clothing.

CHELIDONUM-MAJ.<sup>5C</sup>.

Chilliness with nausea, mostly in the morning.

TROMBIDIUM<sup>5C</sup>.

Occasionally flushes of heat would come on suddenly and disappear in a similar manner.

WOORARI<sup>90M</sup>.

Extremities appear blue during fever ; after the fever passes away patient becomes very red, mostly in the face. This was a marked and singular symptom. The circulation seemed much disturbed.

SAMBUCUS-NIG.<sup>45M</sup>.

Much fever ; continual thirst ; perspiration not great.

THERIDION-CURASS.<sup>5C</sup>.

Chilly ; patients described their bones as being sore.

TEREBINTH<sup>17M</sup>.

Craves fluids; continual thirst and some slight fever, without chill or sweat; abdomen is fuller than usual from excess of gas.

SECALE-CORN.<sup>95M</sup>.

Very thirsty; wants to drink continually; severe chill, lasting from four A. M. till ten A. M., felt mostly in the small of the back, extending along the spine; when having the chill, shooting pains occurred in his legs and arms; very thirsty during the chill, not much during or after the fever; slight sweat; mouth dry; violent nausea; vomited a great quantity of bile; superficial congestion; veins of extremities very full.

CAUSTICUM<sup>30M</sup>.

Shivered constantly night and day; could not attend to work because of it; a very prominent symptom.

NATR-MUR.<sup>CM</sup>.

Has proven highly curative in chilly sensations and intermittent fever occurring under a variety of diseased conditions.

## MIND.

APOCYNUM-CANN.<sup>6M</sup>.

Feels as if she could do nothing but cry; does cry; very low-spirited; does not want to speak to her friends. This is not because of her sex particularly, or because of an easily affected disposition; I believe it due to the remedy. Sadness.

APIS-MELL.<sup>5C</sup>.

Great tearfulness. Females taking this remedy easily moved to tears.

APIS-MELL.<sup>CM</sup>.

Believed to have cured my child, which had serious brain congestion and inflammation, attended with occasional screaming attacks; partial suppression of urine; child, before the exhibi-



tion of this remedy, had been in a partial stupor for three or four days, and had been sick two weeks with very alarming symptoms; the relief was sudden and remarkable.

#### ARSENIC-ALB.<sup>6M</sup>.

Fearful depression of spirits; wants to go to a hospital, because of expense; thinks of nothing but impending danger. Another wants to run away, leave; dreads that something horrible will happen; restlessness in all the cases; sadness; apprehension. Fright, fear, and sadness more prominent symptoms than in any other remedy known to the writer.

#### ARUM-TRIF.<sup>16M</sup>.

Nervous and anxious in a slight degree.

#### BELL.<sup>101M</sup>.

Given to a man nearly dead with consumption; set him crazy; he got partly out of the window, intending to kill himself, and had to be tied down in bed; exceedingly cross, ill-tempered; disposed to be violent and pugnacious; uneasy, restless. In many other cases mild mania and hallucinations.

#### CALEND-OFF.<sup>45M</sup>.

Feels as if he would fall from a height, when dropping to sleep.

#### CHINA-OFF.<sup>87M</sup>.

*Exceedingly nervous*; wandering neuralgic pains throughout the body; slight, unexpected noises or appearances cause starting.

#### CORNUS-FLOR.<sup>45M</sup>.

Cured an irritable temper and vexed state of long standing, guided by the symptom of extreme melancholy produced by this remedy.

#### EUPAT-PERF.<sup>CM</sup>.

Feels as if he were going out of his mind. This symptom seems to overwhelm him at night.

PSORINUM<sup>42M</sup>.

Nervous; easily startled; a condition very marked in children to whom the medicine was given.

SCUTELLARIA-LATERIF.<sup>40M</sup>.

Fearful nervousness; restlessness; it has a marked curative effect in relieving the sleeplessness of excitable people of an amiable and sensitive nature, women and children particularly; in them it has promptly induced sound, refreshing sleep. Its remarkable soothing effect was discovered accidentally.

SACCHARUM-LAC.<sup>CM</sup>.

Caused fullness and determination of blood to head; dizziness; cured the latter symptom, which had been of very long standing.

WOORARI<sup>90M</sup>.

*Instant giddiness.* This condition appeared frequently and had no bad attending or following symptoms; felt for a moment as if he was bereft of his senses.

## HEAD.

ÆSCULUS-HIPP.<sup>56M</sup>.

Frontal headache of a mild type.

AGARIC-MUSC.<sup>47M</sup>.

*Beating on top of head* and toward the forehead.

ALETRIS-FARIN.<sup>45M</sup>.

Slight, dizzy headache.

APIUM-VIRUS.<sup>69M</sup>.

Dull aching in forehead.

APIS-MELL.<sup>85M</sup>.

Scalp sensitive.

APOCYNUM-CANN.<sup>6M</sup>.

Frontal headache, fullness in forehead ; ideas confused ; inability to think well.

ARUM-TRIF.<sup>16M</sup>.

Light-headed, giddy ; not headache.

AILANTHUS<sup>45M</sup>.

Intolerable itching, with sore spots about the head and face.

ARSENIC-ALB.<sup>6M</sup>.

Headache on top of head.

BAPTIS-TINCT.<sup>6M</sup>.

Nape of neck feels so tired she can hardly keep her head easy in any position.

BELL.<sup>101M</sup>.

Rouses up and screams ; starts and screams, as if frightened ; does not wish to sit up in bed.

BENZOIC-ACID.<sup>11M</sup>.

Guided by symptom of turbid, offensive urine ; cured severe pain in occipital region, which had confined him to bed for several weeks ; produced soreness in scalp and nape of neck in several provers.

BORAX<sup>3M</sup>.

Pain across forehead, lasting several days continuously and with great giddiness, pain extended to top of head, for a short time ; soreness along both sides of the neck.

BROMINE<sup>CM</sup>.

Headache all week ; hammering in temples and top of head.

BURSA-PASTORIS<sup>9M</sup>.

Intense frontal headache.



CAUST.<sup>30M</sup>.

Feels as if there was great heat in the forehead.

CALENDULA-OFF.<sup>45M</sup>.

Splitting headache in frontal region.

CAPSICUM-ANN.<sup>1M</sup>.

Severe headache all over the head, coming and going frequently ; headache is relieved by being in the dark or closing the eyes.

CICHOR-INTYB.<sup>5C</sup>.

Neuralgia down the sides of the neck ; more on the right side ; pain suddenly attacks him in muscles of the neck, like a stitching sensation.

CAUSTICUM<sup>30M</sup>.

Severe pain at each parietal protuberance, internal as well as external.

CUPRUM-ACET.<sup>45M</sup>.

Slight headache in the temples, worse at *junction of* occipital with both parietal bones ; aching pain, with soreness of scalp to the touch.

DOLICHOS-PRUR.<sup>2C</sup>.

Bones of the head feel as if they would separate ; headache is so severe. This is the language of the prover.

ETHER-SULPHURIC<sup>CM</sup>.

Remarkable effect in curing chronic neuralgia of the head, which kept her in bed for weeks ; swelling of scalp after attacks of pain ; complete prostration. These attacks, which came on several times a year, were cured after giving this remedy.

GINSENG.<sup>46M</sup>.

Sharp pain at the top of head ; relieved by closing the eyes or avoiding light.

HAMAMELIS-VIRG.<sup>10M</sup>.

Knocking, hammering over the left eye; felt as if he was going out of his mind; flushed face; sensation of fullness in head.

FLUORIC-ACID<sup>45M</sup>.

Pain through the temples, sharp or acute.

FELIX-MAS.<sup>1M</sup>.

Giddiness.

IODINE<sup>17M</sup>.

Pain in occiput and temples.

IRIS-VERS.<sup>CM</sup>.

Cured chronic neuralgic headache with asthenopia, and severe dyspeptic symptoms; distress at the epigastrium; flatulency.

KALI-CARB.<sup>24M</sup>.

Stiffness in nape of the neck.

KALMIA-LATIF.<sup>12C</sup>.

Very violent, blinding neuralgic headache; severe pain over the left eye; giddiness; nausea.

KREOSOTE<sup>CM</sup>.

Cured very many chronic or sick headaches, with piercing pain through the temples; sensitive and slightly raised scalp. These cures were made in both sexes, and where many remedies had been used without avail. Pimples about the face of most of the patients.

LEDUM-PAL.<sup>45M</sup>.

Sensation as if something were gnawing within her temples, back of her ears and occiput.

LILIUM-TIG.<sup>45M</sup>.

Mentally confused and heavy; glands on left side of neck swollen and painful.

LACHESIS<sup>CM</sup>.

Violent pain all over his head, back and front ; so giddy he could not stand ; had to be carried from school ; could not see the letters in his book ; fell against the wall ; this occurred on the fourth day ; taking medicine every hour ; he never had these symptoms before ; one prover. The symptom giddiness had often before been observed in other provers, accompanied by disposition to swallow or slight choking sensations.

LAMIUM-ALB.<sup>1M</sup>.

Severe congestive headaches in the morning ; giddy, worse on left side ; general muscular soreness.

MERC-VIV.<sup>101M</sup>.

Great pain in the *forehead* ; back and upper part of the head affected slightly.

MERC-IOD.<sup>2C</sup>.

Pressive pain in forehead, aggravated toward night.

MEZEREUM<sup>103M</sup>.

Highly curative in severe nervous frontal headaches. One of the most beneficial remedies in ciliary pains, with glaucomatous symptoms ; headache, with great intolerance of light.

MISSISSQUOI-WATER<sup>45M</sup>.

Neuralgia in head ; sensation as if suffering from cold in head, nose, and air passages.

MURIATIC-ACID<sup>5C</sup>.

Sensation of heat at the top of his head ; slight neuralgia on the left side.

NITRIC-ACID<sup>5C</sup>.

Giddy ; head feels hot ; continual slight aching all over the head.

NUX-VOM.<sup>94M</sup>.

Aching at the top, which extends to the back of the head and neck; given to those ailing, produced increased ability to think with less nervousness.

PALLADIUM<sup>20M</sup>.

Headache across the top of his head, from one ear to the other; pain most severe at the right parietal protuberance; giddy when lying down.

## THREATENED MISCARRIAGE.

W. S. LANE, M. D., HOUSE SURGEON, HOMŒOPATHIC HOSPITAL, TORONTO.

Knowing that the editor of *THE HOMŒOPATHIC PHYSICIAN* is always looking for information for that valuable journal I thought that perhaps the following case might be found of some value.

I might say, that being an allopath when I took the position here as house surgeon last May, I have not yet become readily conversant with the homœopathic materia medica, so this case seemed to me of more than usual interest inasmuch as I could view it from the standpoint of almost a veritable sceptic. It also convinced me of the efficacy of the *high potency* as a material and quick-acting remedy and its superiority to the low where rapid and deep measures are required.

Mrs. A—, æt. twenty-three, a blonde, Danish extraction, primipara, came to the hospital October 30th, at ten o'clock in the evening. A glance at her told me of the intense pain she was suffering. Upon questioning her I could elicit nothing, as she could talk no English and I no Danish, but fortunately her husband was with her, and, in broken English, he gave me the following: She was six months pregnant. The day before he had given her two cathartic pills for the purpose of relieving her very constipated bowels, and that day (October 30th) she had a slight movement which caused her some pain. At the



same time she felt a discharge from vagina, and, on examination, found it of a sanguinous character, causing the parts to have a burning hot feeling. This did not alarm her until that evening when it got more copious, and pains—slight, however—came in the region of the uterus. They came and went, but not being at all severe caused her no uneasiness. At nine o'clock they came on in earnest, and her back, in a short time, felt as if it were breaking in two.

I had her taken to a private ward in the maternity department and put to bed, and on examination found a considerable bloody, hot discharge, the uterus quite down in the pelvis, and the os uteri dilated enough to enter the point of my index finger. She complained also of very severe bearing-down pains starting in the back—low down—running round forward and pressing toward the vulva, causing a sensation as if all the internal organs were going to be pressed through. Her face was very flushed, eyes quite red or inflamed, carotids throbbing, pulse rapid, full, hard, and tense, pupils dilated, and the head in general very hot. With this information, I went to the telephone and sent a message to the physician of the week, who unfortunately could not attend, and asked his advice as to the remedy. He prescribed *Belladonna*<sup>12x</sup>, repeated every fifteen minutes until action took place, then to stop.

She was given the first dose at eleven o'clock, and repeated every quarter of an hour until twelve, but instead of benefit the pain kept gradually increasing in quality and quantity; the os was now dilated so as to admit my two fingers tightly squeezed together, and with every pain the presenting part was felt to press firmly upon the point of my finger, and then as the pain relaxed to recede. Thinking that perhaps my inexperience in Homœopathy would not allow me to note with that acumen necessary in such cases any fine action of the drug, whether amelioration or aggravation, I was afraid lest I had drugged too much, so only repeated half-hourly until one o'clock, but to no avail. At one another examination was made, as the patient seemed to have more continued and stronger pains. The os was found dilated enough to readily admit my three fingers, and

with every pain the membranes were felt to bulge through. All this time the discharge was more bloody and profuse.

I, of course, at this stage, thought the case hopeless, but as the low potency was not evidently doing the work cut out for it I concluded as a last resort to run chances of incurring the anger of the physician and give on my own authority a high potency. Taking from my small pocket-case a most reliable potency of the drug, 40m, I gave a single dose on the tongue, and then went on with my preparations for emergency and premature labor. Fifteen minutes passed, and apparently no change; things seemed about at a standstill, but at the half-hour, what a difference! Pains were weak and far apart, os thoroughly contracted, no discharge, and patient quiet and sleepy. I left the room, and asked the nurse to carefully watch her, and in ten minutes returned to find patient sleeping soundly and quietly, which she did all night, awaking at eight o'clock next morning with no pain, feeling fresh and bright and quite comfortable.

She remained in the hospital six days, during which time there was not a return of a single symptom—no pain; os quite firm and contracted, and the bowels moving naturally.

This case I do not report as a mere case of threatened miscarriage, but to show what seemed to me the power and value of a high potency drug in a case requiring *somewhat* RAPID action. The low potency was given by myself in single-drop doses on the tongue, so had the best chance for quick action. I have not the slightest doubt that had I given the high drug in the first place I should have got to bed at twelve instead of two. No doubt also that it would have acted much more rapidly had it not been partially antidoted by the low potency in the beginning.

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## BOOK NOTICES AND REVIEWS.

A COMPENDIUM OF MATERIA MEDICA, THERAPEUTICS AND REPERTORY OF THE DIGESTIVE SYSTEM. By Arkell Roger McMichael, M. D. Philadelphia: Bœricke & Tafel, 1892.

Price in cloth, \$6.00 net ; in half morocco, \$7.50 net ; expressage extra.

This book is a large and handsome quarto volume. Its plan is unique. The names of the remedies and their symptomatology are arranged in tabular form. The first column on the left-hand page contains the names of the remedies. The second column contains the symptoms of the stomach, each remedy having the symptoms peculiar to itself on the same line with itself. The third column contains appetite and thirst symptoms ; the fourth, taste and tongue symptoms ; the fifth concomitants ; the sixth, mouth and teeth ; the seventh nausea and vomiting ; the eighth, eructations and flatulence, and the ninth, clinical, and so on. In such an arrangement one reads across the page to get all the symptoms belonging to one remedy. If searching for a certain symptom we have only to run the eye down the column of the anatomical part to which the symptom belongs to find it. Then when we have found it a glance to the left will show to what remedy it belongs, and so much time is saved in hunting the simillimum.

Not content with thus reducing the difficulty of finding the simillimum, the author has added a repertory which is arranged after the manner of a concordance, and the symptom is sought under its most prominent word ; nor this alone. *All* the most prominent words of any given symptom are used in placing it in the index, that the difficulty of finding it may be still further reduced. Such painstaking effort cannot be too highly commended in this most industrious author.

From the preface we make the following extract : "The combination of *Materia Medica*, *Therapeutics*, and *Repertory* of a section of the human anatomy will no doubt suggest itself to the busy physician as a decided improvement over the former method of referring to three separate works before deciding on the remedy. Not only has this objection been overcome, but its simple arrangement will appeal to the student as well as to the mature physician ; and instead of spending hours in studying our case, a few moments is all that is required (for even the student) to make his choice."

The work being large and weighing five and a half pounds is excluded from the mails and must be sent by express.

**THE TWELVE TISSUE REMEDIES OF SCHUSSLER, COMPRISING THE THEORY, THERAPEUTICAL APPLICATION, MATERIA MEDICA, AND A COMPLETE REPERTORY OF THESE REMEDIES, HOMŒOPATHICALLY AND BIO-CHEMICALLY CONSIDERED.** By Wm. Boericke, M. D., and Willis A. Dewey, M. D. Third edition, rewritten and enlarged. Philadelphia : Boericke & Tafel, 1893. Price, \$2.50 net.

This book has been regularly reviewed by *THE HOMŒOPATHIC PHYSICIAN* as each edition, by whomsoever edited, has appeared. It has never been commended by this journal. The objections to it have always been plainly stated,



and it may not be amiss to repeat two of them here. In the first place, it was attempted by the author, Schüssler, to reduce the resources of the *materia medica* to twelve remedies. Thus a large and valuable collection of remedies was discarded and the labor of prescribing abridged. It was a case of prescribing made easy.

To justify such a limited range of therapeutic agents, the facts of chemistry and physiology, and of the homœopathic provings were freely used to weave a web of pathology and rationalism, and the fabric so woven is called in the latest edition of the book "Bio-chemistry." The late Dr. Lippe used to say that this fabric had been made up into "the pathological livery."

In the second place, it was attempted to substitute for the labor of searching the *materia medica* for the proper medicine, the easy process of "reasoning" out the remedy. This was, of course, a nullification of Homœopathy.

In the volume now under notice, the remedies as given by Schüssler are so expanded and improved by the addition of genuine "guiding symptoms" taken from the homœopathic *Materia Medica*, that Schüssler's speculations are very much obscured, if not lost sight of altogether. The present editors, in their preface, significantly remark: "We believe that the only hope for the future development of these magnificent remedies lies in their study, mainly according to the method of Homœopathy; that they should all be as carefully proved as *Natrum-mur.* and *Silicea* already are, and that the results of such provings alone will furnish the most accurate indications for their therapeutical uses. Only by careful provings will the permanency of these remedies be secured, and they themselves be preserved from the possible fate of so many newly introduced remedies." In this avowal of the editors is a virtual abandonment of "Schüsslerism," and in their levying upon the genuine *materia medica* for symptomatology they actually render Schüssler's theories inoperative in practice. They thus show their good sense and their regard for Homœopathy and at the same time render the book far more valuable. While we are not yet satisfied with the volume as it stands, still the enlightened work which they have put upon it compels us to withdraw much of the objection with which we have heretofore greeted it in these pages. Schüsslerism in its purity leads the mind infallibly back to the rational therapeutics of the old school, from which it was rescued by Homœopathy. Therefore Schüsslerism should be relegated to oblivion. The editing of the present volume shows that it is "getting there."

**DIET FOR THE SICK.** By Miss E. Hibbard, Principal of Nurses' Training School, Grace Hospital, Detroit, and Mrs. Emma Drant, Matron of Michigan College of Medicine Hospital, Detroit; to which has been added COMPLETE DIET TABLES for various diseases and conditions, as given by the highest authorities. Detroit, Mich., The Illustrated Medical Journal Co., Publishers. Paper, 74 pages. Price, postpaid, 25 cents; six for \$1.00.



This little book is a worthy supplement to any cook book, as it deals only with the dishes suitable for the sick and convalescent; the recipes being favorite ones in use daily in the hospitals wherein the authors are employed. To this has been added the various authorized Diet Tables for use in Anæmia, Bright's Disease, Calculus, Cancer, Chlorosis, Cholera Infantum, Constipation, Consumption, Diabetes, Diarrhœa, Dyspepsia, Fevers, Gout, Nervous Affections, Obesity, Phthisis, Rheumatism, Uterine Fibroids. It also gives various nutritive enemata. The physician can use it to advantage in explaining his orders for suitable dishes for his patient, leaving the book with the nurse.

**THE INTERNATIONAL MEDICAL ANNUAL and Practitioner's Index for 1893.** Edited by a corps of thirty-eight department editors—European and American—specialists in their several departments. P. W. Williams, M. D., Secretary of Staff. Six hundred and twenty-six octavo pages. Illustrated. \$2.75. E. B. Treat, Publisher, 5 Cooper Union, New York.

The eleventh yearly issue of this valuable one-volume reference work is to hand; and it richly deserves and perpetuates the enviable reputation which its predecessors have made, for selection of material, accuracy of statement, and great usefulness. The corps of department editors is representative in every respect. Numerous illustrations—many of which are in colors—make the "Annual" more than ever welcome to the profession, as providing, at a reasonable outlay, the handiest and best *résumé* of Medical Progress yet offered.

Part I comprises the new remedies, together with an extended review of the therapeutic progress of the year.

Part II, comprising the major portion of the book, is given to the consideration of new treatment; and is a retrospect of the year's work, with several original articles by eminent authorities.

The third—and last part—is made up of miscellaneous articles, such as Recent Advances in Sanitary Science; Improvements in Pharmacy; New Inventions in Instruments and Appliances; Books of the Year, etc.

The arrangement of the work is alphabetical, and with its complete Index, makes it a reference book of rare worth.

In short, the "Annual" is what it claims to be—a recapitulation of the year's progress in medicine, serving to keep the practitioner abreast of the times with reference to the medical literature of the world. Price, the same as in previous years, \$2.75.

**BOOK ON THE PHYSICIAN HIMSELF, AND THINGS THAT CONCERN HIS REPUTATION AND SUCCESS.** By D. W. Cathell, M. D. New tenth edition (author's last revision). Thoroughly revised, enlarged, and rewritten. In one handsome royal octavo volume, 348 pages, bound in extra cloth. Price, post-

paid, \$2.00, net. Philadelphia : The F. A. Davis Co., Publishers, 1914-16 Cherry Street.

This well-known book has been reviewed in these pages years ago. It has now passed into its tenth edition, which shows how valuable it has become to the profession. It is a most admirable magazine of advice to the practitioner upon behavior, morals, the observance of the golden rule, the exhibition of tact and all that, as the title-page expresses it, "concerns his reputation and success." It may be called a "Manual of Conduct."

As children we hear much about "conduct." It has made a formidable item in our weekly school report, and it is forever dinned into our ears by our elders. As we grow older and gradually reach the period when we are beyond the accountability to parents, guardians, and teachers, less is heard of the subject until finally all reference to it ceases. Yet the conduct of many of us who have reached the age of responsibility is such that it would seem that we were still in need of admonition upon this very important element of our career. We will not take it from the lips of those who see our faults, and so this book fills the need admirably. Its chapter upon Homœopathy will prove a rather bitter pill to those who practice according to the tenets of our school, but they need not mind that for the sake of the other valuable lessons it teaches.

THE DISEASE OF INEBRIETY FROM ALCOHOL, OPIUM, AND OTHER NARCOTIC DRUGS. Its Ætiology, Pathology, Treatment, and Medico-legal Relations, arranged and compiled by the American Association for the Study and Cure of Inebriety. New York : E. B. Treat, 1893. Price, \$2.75.

This work is edited by Dr. T. D. Crothers, the Secretary of the American Association, whose writings on the subject of Inebriety as a disease demanding medical treatment are already known to the profession. The aim of the author is a volume that shall "contain the most reliable conclusions and studies of eminent authorities on the subject up to the present time." The work is intended as an introduction to the scientific study of the "drink malady," and gives general views of probable facts sustained by strong evidence. Some of the chapters are devoted to drug poisonings, as Morphia, Cocaine, Ether, etc. Chapter XXI, on the general considerations of treatment, and Chapter XXII, to asylums and their work. The volume in the whole is interesting and will prove a useful addition to the physician's library.

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## NOTES AND NOTICES.

LITERARY NOTE.—The value and utility of that unique literary publication, *The Weekly Bulletin of Newspaper and Periodical Literature*, published at 5 Somerset Street, Boston, are to be greatly enhanced by the immediate addition of some important new features. Besides serving as a guide and index to the

press of the country by affording a weekly classified and descriptive catalogue of the contents of over twelve hundred different papers and magazines, the *Bulletin* will hereafter supply the growing public demand for a review of the periodical press by devoting several pages every week to comprehensive summaries of the best and most interesting articles appearing in the monthly magazines and the daily and weekly papers.

"CHILDHOOD" is the name of a new monthly magazine, edited by Dr. George William Winterburn. It covers a field not hitherto occupied, being for parents and about children. It contains thirty-two double column pages, and is sold at the small price of ten cents a number, or \$1 a year. It is believed that there are a very large number of parents who desire to give their children the advantage of the best training. *Childhood* will attempt to be the guide of such, and by presenting the subject in all its phases, by means of short, well-written contributions, to supply information which cannot be found elsewhere.

DR. HERBERT BEALS has removed his office to No. 176 Franklin Street, Buffalo, New York.

DR. CLARENCE M. SELFRIDGE has removed his office and residence to 1426½ Geary Street, near Laguna, San Francisco, Cal.

DR. C. EURICH has removed from 124 East Eighty-fifth Street to 209 East Eighty-seventh Street, four doors below Third Avenue, New York City.

GRACE HOSPITAL, DETROIT.—The next regular competitive examination for position of Junior Assistant to the House Surgeon of the Grace Hospital, Detroit, will be held at the Hospital on Saturday, June 24th, at 4.30 P. M. Term, eighteen months. First six months as Junior Assistant; second six months as Senior Assistant and Ambulance Surgeon; third six months, House Surgeon.

Applicants must show evidence of graduation from a recognized Homœopathic college.

All applications must be sent to the President of the Medical Board, The Grace Hospital, Detroit, Mich., not later than June 15th, accompanied by a certificate of good moral character.

CHICAGO HOTEL RATES.—Dr. J. S. Mitchell, Chairman of World's Congress of Homœopathic Physicians and Surgeons, desires us to announce that hotel rates have *not* been raised in Chicago during the Exposition period. Those who do not desire to pay the usual rates of first-class hotels can find very reasonable accommodations by addressing Dr. A. K. Crawford, 70 State Street, Chicago.

THE KLIP.—The advertisement of this invaluable appliance for every physician who wishes to preserve his pamphlets continues in our pages. The klip is highly recommended by the editor of this journal.



THE  
HOMŒOPATHIC PHYSICIAN,  
A MONTHLY JOURNAL OF  
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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Vol. XIII.

JUNE, 1893.

No. 6.

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EDITORIAL.

THE LATEST CRUSADE AGAINST HOMŒOPATHY.—Some surprise has been manifested by certain subscribers to this journal that no notice has been taken by its editor of the \$100 prize offered for the best essay against the "fallacies" (?) of Homœopathy.

All the other journals in the homœopathic ranks have from time to time made comments or replies more or less severe to the attacks of the originator of the prize, this rather young "knight of the lancet" who seeks to impale Homœopathy upon the point of his pen.

THE HOMŒOPATHIC PHYSICIAN alone has remained conspicuously silent.

The truth is, the treatment of the case of the aforesaid knight at the hands of the other editors has been so clever and so thorough that there is apparently nothing more to be said.

Still, as expression of opinion is desired by a few of our readers, it may be well to say that an attack which is so evidently conceived in malice, that shows so plainly its author's determination not to learn any of the facts of Homœopathy, that seems to have been used as a personal advertisement of its author, hardly deserves notice. It is not worth answering.

For the comfort of those who may have been rendered uneasy by these attacks, we may remind them of the oft-quoted



story of Gallileo, who invited the persecuting monks to look through the telescope and behold with their own eyes, and yet they refused so plain an opportunity to learn the truth.

The very first proposition of Hahnemann, that nothing can be known of the nature of drugs in relation to the human system except by trying them upon the healthy, seems so obviously true and reasonable that it is a matter of surprise any one could be found to dispute it. Yet it has been so disputed, and vehemently, by physicians of the old school of medicine. Nevertheless, in late years they have been imitating the homœopathists in that particular, though in a very crude and ineffectual way.

Nothing could be more in harmony with or more nearly parallel to the lines along which physics and chemistry, as well as the other natural sciences, have made their remarkable progress than this same proposition that drugs must first be proved upon the healthy in order that we may get their pure effects, free from the obscuring phenomena of disease. Rigorously following out such a plan would at once reduce to the lowest point the sources of doubt and error in judging of the phenomena observed when drugs are administered to the sick. It is the plan of the physicist, the chemist, the naturalist, in the laboratory. When the scientific investigator would explain in a rational way any natural phenomenon, he considers all the factors likely to enter into the production of that phenomenon. He seeks to exclude as many of these influences as possible, so that he may have, if possible, only one of them to observe at a time. He is then able to draw a reliable conclusion as to the nature of the phenomenon and its cause.

Thus apparatus must be invented to perform the experiments and according to the difficulty found in excluding disturbing influences becomes the necessity of devising variations in the structure of the apparatus, and thus it becomes complicated. Here then is the explanation of the elaborate and varied character of instruments used in experimental research—that in the investigation of a phenomenon, the problem is simplified by the exclusion of as many confusing factors as possible in order that the attention may be fixed upon the actions of one and its

agency accurately determined. This is what the use of apparatus means. This, too, is what Hahnemann meant when he proposed to try the effects of drugs upon people who were as nearly healthy as possible.

But the instruments and apparatus of the laboratory catch the eye and compel admiration and wonder by their beauty and complexity, and so their manipulator escapes persecution, and gains instead admiration. Hahnemann's method, on the other hand, does not deal with these instruments, it does not appeal to the senses, its detail is inconvenient of application, the results difficult to determine, and so it attracts none, and brings only censure to its author.

Now it would seem that any mind that is so superficial that it cannot or does not perceive the perfect parallelism between the method of Hahnemann and that of the most distinguished investigators and discoverers, and is unwilling to admit the scientific exactitude in the one case as well as in the other, is unworthy of a reply or to our engaging in the controversy he seeks to provoke.

We may stop here. This first proposition of Hahnemann, obviously scientific as it is, having been persistently repudiated by our enemies, it will not be necessary to consider any of the other propositions in Hahnemann's grand discovery, especially as they are so well known to the earnest readers of these pages who have inspired the foregoing remarks.

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## THE PRESIDENT'S ADDRESS.

### A PHILOSOPHICAL EXPOSÉ OF THE LAW OF SIMILARS.

Read before the California State Homœopathic Society, May 10th, 1893, by  
James T. Martin, M. D.

It has always seemed to me that there is a philosophical explanation of the action of the law of similars and their natural corollary, potentiation, and the more I study the subject the more thoroughly I am convinced that the explanation is not only practical but competent to cover the whole ground.

No one who is at all schooled in natural philosophy will for a

moment admit that anything ever happens by chance ; and whatsoever change occurs, whether development to full fruition or decay to complete disintegration, does so in accordance with the definite and fixed laws of its existence. Our living, breathing, nourishing, and all the functions of organic life as well as those of decay are mandates of law, and the inorganic as well must obey its behests. Law is force : regular, constant, sustaining, and its phenomena are manifest everywhere throughout nature awaiting our careful observation.

At present we will consider only the law governing the changes in organic bodies. Biologically, organic bodies are for the most part made up of the following elementary substances—carbon, hydrogen, nitrogen, and oxygen. Of these carbon is one of the most stable of all known substances. It is isomeric in its properties, and is therefore capable of existing in several different states with different arrangements of its atomic elements.

The other three, while the most unstable of all known elements, and possessing greater molecular activity than any other known substances, are also isomeric to a certain degree. It is a peculiar property of these elements that they communicate their molecular activity more or less to all the compounds into which they enter. It is not here necessary to enter into a discussion of the various intricate chemical combinations into which these elements arrange themselves, nor to discuss the various chemical formulæ entering into their compounds. But suffice it to say that their principal compounds with which we have to deal are crystalloids and colloids.

The colloids are of two kinds, nitrogenous and non-nitrogenous. They are very minute jelly-like bodies, inert, very unstable, and possessing a high degree of molecular mobility. They do not take on chemical change easily or give up their atoms to form other compounds readily. And yet they are stable enough to maintain their integrity under ordinary conditions to which the body may be exposed. This includes quite a wide range of temperature, different atmospheric states, and so on.

The nitrogenous colloidal compounds are imbedded in the



non-nitrogenous compounds in the cells of organic bodies. They are the centres of force or energy, and are dynamical in their function and the centre and source of the dynamical forces of the body.

They are also permeable by liquids, not capable of osmose, and do not lose their integrity when so permeated. The crystalloids are statical and capable of osmose; but it is thought that the colloids take nourishment from the crystalloids by dialysis and appropriate energy and force, while the *débris* or used-up materials are set free.

The colloid bodies do not act so well when isolated or alone as they do when near or in conjunction with other colloids. Their atomic motion, which seems to be reciprocally communicated from one to the other, is in unison and is uniform throughout the body. This is the vital-force that has been talked about so much. It is dynamic both in its origin and expression.

The extreme mobility of which these bodies are possessed renders them very sensitive to the action of any incident force whatever, such as light, heat, cold, drugs, disease, and so on; any one of these acting for any length of time will produce disturbances in the colloidal bodies and *de facto* disturbances in the dynamical forces of the body which either exceeds or comes short of that which is natural, and we have various phenomena expressed known as disease—that is, the natural normal equilibrium of the body has been so disturbed that we have an unnatural or diseased state, and the question that now confronts us is how we are to put this unnatural state to rights, and what is the means necessarily employed to reduce the disturbed equilibrium to its normal motion, which we recognize as health. These are all forces in nature and are just as amenable to the laws of physics as any other forces from whatsoever source.

It is the law of mechanics \* that “If a body, which some force has set in motion, impinges upon another body, it imparts motion to it, and is therefore itself a force.” This is as true of absolute force as it is of bodies representing force applied, and

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\* Olmstead.



may be applied to the forces maintaining organism as follows: If the vital-force is impinged upon by any incident force it partakes more or less of the nature of that incident force, and itself expresses more or less of the character of that force, and hence we have a deviation from the normal standard, health. Now, it makes no difference from what standpoint you consider life, whether theological, psychological, physiological, or biological, it must have as a basis of existence and expression the atomic motion of the colloidal bodies, which is the "vital-force." This will have to be recognized as a distinct force in nature, subject to the same modifications, restrictions, and influences as other natural phenomena and governed in the same way. This being the case, we have only to bring the principles of natural philosophy to our aid to understand its meaning aright; and when our knowledge is clear on this point we are able to bring to our aid other natural forces that will control or modify the perverted vital-force as may be required.

On page 94, *Principles of Biology*, Mr. Herbert Spencer arrives at this conclusion: "That organic matter is specially sensitive to surrounding agencies; that in consequence of the extreme instability of the compounds it contains, minute disturbances can cause in it large amounts of redistributions, and that during the fall of its unstably arranged atoms into stable arrangements there are given out proportionately large amounts of motion. We saw that organic matter is so constituted that small incident actions are capable of initiating great reactions; setting up structural modifications, and liberating large quantities of power." Let the indicated remedy be the force incident upon the organism, and you will initiate reactions, set up structural changes, and liberate power all in proportion to the directness and quality of the force incident.

Again on page 289, after speaking of the influence of light on glass and other inorganic substances, Mr. Spencer says: "We are obliged to conclude that the excessively unstable units of which organisms are built, must be sensitive in a transcendent degree to all the forces pervading the organisms composed of them—must be tending ever to readjust not only their relative

positions, but their molecular structures into equilibrium with that force."

I might add, were it not for this fact it would be extremely difficult to produce any impression whatever on the organism with drugs or any other force. It is hardly possible that there is any one with sufficient temerity to assert that disease is not a natural force, and that it is not governed by the same general laws as other natural forces. This, then, being the case, we have distinctly three forces to deal with—that is, the vital-force, disease-force, and drug-force.

Disease manifests itself in various forms ; each particular form is constant in the phenomena it presents, so much so that we have learned to recognize them by a name distinctive of the kind of manifestation presented. These manifestations, of whatever name, have been produced by some incident force acting upon the vital-force until it expressed the nature of the incident force, and you have some particular disease manifested, while the natural equilibrium of the body is obscured.

This is general and not used in any restricted sense whatever, and can be applied to any morbid force. It is not necessary for me to make this in *more* general terms than that the weaker force must yield to the stronger and itself express the individuality of the latter instead of its own, and in accordance with the principle before stated, any force may bring about organic changes and reduce the collodial bodies with stable units to unstable units and thereby destroy their natural functions.

This is as much in accordance with the law of Homœopathy as it is with natural philosophy. There never has been a time, and there never will come a time, when the truth will be proved false by any course of reasoning or scientific experiment whatever. If there is any proving, it will be either a demonstration of the truth or the falsity of the so-called scientific experiment.

In the development of our materia medica, we have included a wide and varied range of drugs. Very many of them, in fact, all that have been well proved, have been given the practical test of experience and found to operate directly in the line expected of them.

• On page 14, *Principles of Biology*, after discussing the practical application of mechanical principles to atomic motion, Mr. Spencer says: "Other things being equal therefore the molecular mobility of atoms must decrease as their mass increases, and so there must result that general progression, we have traced, from the higher molecular mobility of those large atomized substances into which they are ultimately compounded. Applying to atoms the mechanical law which holds of masses, that since inertia and gravity increase as the cubes of their dimensions, cohesion increases as their squares.

"The self-sustaining power of a body becomes relatively smaller as its bulk becomes greater. It might be argued that these large aggregate atoms which constitute organic substances, are mechanically weak, are less able than simpler atoms to bear without alteration, the forces falling upon them. That very massiveness which renders them less mobile enables physical forces acting on them more readily to change the relative positions of their component atoms." The truth here in this quotation first stated may be re-arranged as follows without doing violence to its integrity, and we have, therefore, the molecular mobility of atoms, which must increase as their mass decreases. This is a general statement, and must hold true howsoever far the decrement of the mass is pursued. Applying this deduction to the homœopathic attenuation it necessarily follows as a logical conclusion that as the mass of the drug decreases its molecular mobility increases, and also that it has greater resisting power than when in the mass; hence we might infer that the crude drug when taken into the body has not as much power for mischief as the same amount of the same drug properly attenuated. The simpler the atoms the greater their power. A person might take five grains of Calomel, which would only produce catharsis, while one-tenth of a grain of the same triturated and taken would likely produce salivation and other physiological effects of the drug, and as we have before stated as the mass of the drug becomes less its atoms become more active. This fact is also borne out by the experience of all who have made proper practical tests of drugs so treated.



Dr. G. Jeager in his neural analysis has found this to be true up to the 1,000th potency, which was the extent of his experiments. He first measured the normal nerve-force with his chronoscope and then at stated intervals administered different drugs in different attenuations and measured the increments of molecular motion after each dose until he reached the limit of his experiment. In every instance he noted the difference between the normal markings of his instrument and those made after taking each different attenuation of medicine, and found that the increments of nerve-force grew greater as the attenuation became higher. So as accurate measurements are made of drug-force, the theory of attenuation more clearly corresponds to the inductions of biology.

And as is the case with all other elements in nature each (drug) substance has an atomic motion peculiar to itself which is the expression of the force contained in the drug itself, and while there are many characteristics of its power in any one drug that may be common to many drugs, yet there are always more or less phenomena which are peculiar to that individual alone that are produced only by that drug acting upon the vital-force in the healthy human body. This peculiarity is sufficiently marked that we may recognize each individual by the special manifestations present, and so far as our understanding goes this may be predicated of all drugs, of which we have definite knowledge. Of the three forces of nature with which we have to deal the vital-force has become somewhat modified by the action of the disease-force which was incident upon it, and hence you have the expression of the particular kind of disease that the organism is suffering from. Now to combat the latter we have the drug-force whose peculiarities you have already become acquainted with after a long series of careful experiments. These forces are subject to and governed by the same physical laws as other natural forces; hence, from the data given above and upon general philosophical principles the action of the drug over the disease is easy of explanation. Whenever an atomic force or motion comes in contact with or impinges upon another atomic force or motion with similar



increments similarly placed, they will vibrate in unison as one and the same force with a possible and perceptible additional increase of power. Unless this is pursued to a considerable extent the increment of force is hardly noticeable, but when the incident force is much greater than the other it will obscure the original force to such an extent that nothing but the incident force would be easily perceptible.

In whatever organism disease may occur there are always certain phenomena expressed peculiar to that individual alone, and we have learned after a long series of practical tests under the most varied circumstances that the remedy whose action is nearest in accord with these particular manifestations will uniformly cure quicker, more surely than any other, and with the least possible harm to the individual; and we are by no means overstepping the bounds of physical law when we confidently assert that the vital-force which has been impinged upon by disease and thereby changed from its normal expression can be more easily set right by the drug that can, and does, vibrate in unison with it by virtue of its similarity of motion than by any and all others combined.

This unison of motion adds strength to the failing vital-force and gives it power to overcome the invading force, and therefore restore the normal equilibrium. In other words, the drug-force must be of such a nature that it can get into equilibrium with the vital-force or it can have no power in the restoration of normal equilibrium. This cannot and will not take place unless the similar remedy is selected, for none other can vibrate in unison with the vital-force and give to it the necessary power to overcome disease.

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## POTENTIATION PHYSIOLOGICALLY PROVEN.

PROF. DR. GUSTAV JAEGER, STUTTGART, GERMANY.

[Translated by B. Fincke, M. D.]

### DEDUCTION FOR BASES AND ACIDS.

From these results of the salts we may draw two conclusions, as I previously suggested: (1.) Regarding the difference of the bases of these various salts, therefore the degree of hostility to

life of Natrum, Kali, and Caustic Ammonia. According to neural analysis, caustic Natrum and Ammonia are less hostile than Kali. Nobody will contend that this agrees perfectly with the practical experience with regard to Kali and Natrum. On the contrary, one might question whether the result of neural analysis concerning the difference of Kali and Ammonia corresponds with the experience by reference to the circumstance that the caustic action of Ammonia is much less than that of the caustic Kali. This objection, however, leads us directly to that difference in the action of matter frequently urged by me, viz., the difference between the *chemical* action, which increases with the concentration respectively with the mass, and the *neural* action, which reversely increases with the attenuation, therefore is an *action of the degree of volatility*. The latter is the object of neural analysis—i. e., the *neural* action, and not the former, and on that point, that the caustic Ammonia has a much stronger *neural* action than the caustic Kali, there is no further arguing, for it is already conditioned by the difference of volatility; because the caustic Ammonia is much more volatile than caustic Kali, *ceteris paribus* its *neural* action must be much stronger, and so it is, indeed, in a high degree in both directions: (a.) In the action upon the *olfactory nerves*. Ammonia has a very strong, severe, and unpleasant odor, whilst caustic Kali acts weakly upon the olfactory nerves. (b.) Also, taken by inhalation, caustic Ammonia acts much stronger upon the whole organism than caustic Kali, producing cough, asthmatic sensations, etc. On this point I am very well informed by practical experience. Because caustic Ammonia is less caustic and destructive than the other caustics, Ammonia soap is preferred for the purpose of purifying woollen stuffs. On the contrary, the manufacture of Ammonia soap is much more fatiguing, noxious, and dangerous for the workingmen, on account of the exceedingly noxious and strong-acting Ammonia vapors, than the Natrum and Kali soaps, as I know from the workingmen themselves. Hence, also, in this point, experience and neural analysis agree perfectly.

(2.) A conclusion is permitted in the opposite direction, viz., from the measured low atomic nitric combinations upon the high

atomic organic nitric substances, as the ptomaines, alkaloids, etc. The known poisonousness which such substances can unfold has its counterpart in the obstinacy with which the Ammonia-salts defend their poisonousness against the mode of attenuation. Also in this manner the neuro-analytical result can be defined as a correspondence with other experience.

The following table VI has no other numbers and substances as bases than the tables III-V. It only arranges them differently, and then adds new material in the column of the mean numbers, which enables us to draw a conclusion upon the second component of the measured salts. Whilst in the tables III-V the salts are arranged according to their *bases*, table VI arranges them according to the *acids* respectively, halogens, and the mean numbers permit now a conclusion upon the toxical properties of this factor. We could, of course, also submit these substances alone to neural analysis, but (1) this would be a new troublesome labor; (2) if we inhale an acid or halogen, we have a substance in which the *chemical* actions are much stronger than in the chemically indifferent salts, and the object of investigation in *potentiation*—for this is the only object of my work—is not the *chemical* but the *neural* action. For no difference of opinion is on the point that with the attenuation of a substance its chemical action decreases in the direct ratio to the mass, but only on that point the spirits are in the dark whether there is a kind of action in the substances which increases with their attenuation. This is concerned here; this is measured by neural analysis, and the more the chemical action can be kept in abeyance in this respect, the better it is.

Table VI gives us the following scale of poisonousness:

Chlorine-salts have the poison-number, . . . . .	58
Carbonic-salts    "    "    "    . . . . .	129
Phosphoric-salts,    "    "    . . . . .	228
Bromine-salts,        "    "    . . . . .	316

In considering these results we must keep the halogens apart from the genuine acids.

(a.) Halogens are two: *Chlorine*, with 58, and *Bromine*, with 316, as their poison-numbers. That the neural action of Bromine





surpasses that of Chlorine is incontestable: (*a*) the odor of Bromine, which derives its name from *bromos*—stench—is by far more unpleasant, more hostile than that of Chlorine, and I still remember vividly an incident at my college time. An effort was made to cauterize a facial cancer with a Bromine paste. The infernal vapors of the Bromine drove the whole auditorium, and finally the operators out of the room. (*β*) Also, the dosage of the pharmacopœias agrees with it. In old Sobernheim the initial dose of Bromine water (1 : 40) is stated to be 5–6 drops, that of Chlorine water 1 scruple = 1.2 gram; therefore a gram reckoned as 20 drops, the fourfold quantity.

(*b*.) Of Acids we have two: Carbonic acid with 129, Phosphoric acid with 228, the latter, therefore, with a poison-number almost double. Undoubtedly, Phosphoric acid is much more poisonous than Carbonic acid, and it could only be wondered at that the difference in numbers is not still greater. In order to prove the cause of it, and whether the proportion is also the same with the free acids, of course further measurements are needed, which I omitted because they have no bearing upon the proper object of this work.

(*c*.) Now still remains the comparison of the halogens, on one hand, and of the acids on the other hand, and in this way:

(*a*) That Bromine-salts are more poisonous than Phosphoric acid is correct. According to Sobernheim, Phosphoric acid is “an odorless fluid of agreeable, sour taste, the mildest of the mineral acids,” the initial dose 10 drops of the concentrated substance, whilst of Bromine the dose is only 5 drops of a solution of 1 Bromine to 40 water. (*β*) According to the table, Carbonic acid should be more hostile to life than *Chlorine*, if we may judge from the character of the salts directly upon that of their constituents. Now, this seems not permissible under all circumstances, and indeed not then when two such different salt-builders as Carbonic acid and Chlorine are concerned. Carbonic acid is known to be the weakest acid—so weak that in carbonic alkalies the caustic properties of the bases still utter themselves. Chlorine, on the contrary, is a very strong acid, and deprives its bases of the caustic properties entirely.

Probably in this the explanation of the neuro-analytical result is to be found, and especially in this way: In the Chlorine-salts the mutual connection and neutralization is more complete than in the carbonic acids, therefore they are more "neutral," less hostile to life than the carbonates, in the latter of which the greater poisonousness of alkaline substances still appears. The correctness of this explanation, of course, needs further provings, but here—*i. e.*, for our question—this is indifferent; on the other hand, the proper neuro-analytical result does not refer to the acids, but to the salts, and that kitchen salt is declared by neural analysis to be much less poisonous than *Natrum* agrees with other experiences in every respect; the first is the ideal of an indifferent, the latter of a lixivial salt.

#### CONCLUSION.

This has to comprise several things:

1. The *method*. This is neural analysis. By its first exclusive application to the lower poisonous potencies of the substances treated, we obtained the possibility to prove the statements of this method upon their reliability by means of experiences with other methods. My desire was that this should have been done more extensively; but "all good things are three—not an infinite number." For anybody free of prejudice who is not yet bankrupt in the capacity for instruction, the stated arguments are sufficient—I will not say now to accept everything credulously, no, but in order to attain to the knowledge that we are not placed in the world to either believe or doubt, or to believe and to talk, but to act. Neural analysis has brilliantly stood the test in the field of poisonousness, and whoever has gained this view will also now look at the statements which we shall make in the next chapter in regard to the higher potencies and their animating effects with other eyes than if this preliminary proving had been omitted. Furthermore, I have in this relation to play out a trump—and indeed a *main trump*. It is an incontestable fact that all substances which have poisonous effects lose of these in violence by diminution of mass, respectively concentration, and that finally a point

arrives where they cease altogether. Now let us look at the series of numbers of the seventeen measured salts whether they do not in all these seventeen substances likewise exactly express this fact. This correspondence, indeed, only refers to the final result; but if we examine the single series of numbers closer, we meet the same phenomenon which we already found in the measurements of Kali Carbonicum after swallowing: the decrease of the poisonousness with increasing attenuation forms *not a straight line*, we meet everywhere places where the line is broken, either so that in spite of the attenuation by one potency the poison-number has remained the same, or that it even has decreased; but the decrease is either greater or smaller than in the preceding and following potentiation. In regard to this peculiar course of the decrease of poisonousness in consequence of the attenuation we are indeed deficient in experiences in the toxicological or pharmacological department; but I ask: Has ever hitherto any prover of medicine, either allopathic or homœopathic, made such a finely graded systematic thorough proving of the various doses according to any method? According to my knowledge this has never been done, and, therefore, these fine differences have not yet been observed by anybody. This want of control of the method by other methods is however amply replaced inasmuch as not only *one* substance has been measured, but seventeen have been examined. If now a phenomenon repeats itself in every one of this seventeen series of measurements there is a guarantee given, that here the question is not of faults, accidents, and other things which can occur once and awhile, but of a process residing in the nature of things about which I have already expressed myself sufficiently when speaking of the potencies of Kali Carbonicum. The same is valid for the paralytic as well as for the animating action: their measure depends upon the energy of the molecular motion which is the product of mass and velocity. If in the attenuation the velocity of the molecules does not increase as rapidly as to cover not only the defect of the mass, but to overcompensate it, then not only the progress in the animating effect of the higher potencies ceases, but also the decrease in the paralytic



effect of the lower potencies. This is as clear as anything can be.

2. In regard to the question of the dose, the result of the investigation is remarkable in the following directions:

*a.* It appears that it is quite erroneous to believe that in Homœopathy, in order to prevent initial poisonous effects which one wants to avoid, the gradual difference of poisonousness of the various substances could be neglected and the dosage treated according to a general pattern. In this respect it is certain, *First*, if poisonous effects are to be avoided, the attenuation must be carried at least to *indifference*.

*Second*, our investigation shows that the position of the point of indifference in general is a much higher one than the Homœopathy of to-day assumes. None of the seventeen salts is indifferent in the *third* trituration; in the so favorite 6th potency only 5 of the 17 have overstepped the point of indifference. Finally, if anybody thinks that already with the 15th potency he has done his whole duty he is still in error, for 3 of 17 salts produce in the 15th potency still paralytic phenomena, therefore poisonous effects—3 of 17 are 17 %.

*Third*, nobody, neither homœopath nor allopath nor myself, have expected that the position of the point of indifference shows so great differences, least of all, that within a relatively so nearly affined series of substances. Such varieties were possible as that between kitchen salt with indifference between the 3d and 4th potency, and Ammonium bromide with indifference in the 21st potency.

*b.* In view of these great differences, a *practical progress* in the question of dose demands at least a systematic thorough proving of the most common medicines in order to determine their points of indifference. Only then we know how high every one must be potentiated in order at least to be safe from poisonous effects. To be sure, it is not sufficient for this purpose that only one *single* person undertakes this proving; this is so clear that I here need not speak more about it. I only say: the patients who want to be cured homœopathically must be sure that they receive no medicines which are attenuated so



insufficiently that they still produce poisonous effects in sensible persons. This justified demand is only to be fulfilled if for every substance the potency is determined in which it is at least indifferent in persons of great sensibility. I have proved that this can be accomplished by means of neural analysis. If anybody knows a better method well and good, let him come out.

3. In the above measurements the fact finds expression, that even among the Kali-salts, deemed harmless, there are such as even in such enormous attenuation as the billionth or trillionth, produce poisonous effects, paralytic symptoms, etc., when they are mixed with the respiratory air. This opens a remarkable insight into what we must denominate atmospheric poisons, and which, perhaps, is nothing else than what is called "genius epidemicus," or in the language of Paracelsus "sideric influence." I will hold back all the reflections, considerations, and observations here intruding upon me, because they would lead us too far away from the object and scope of the present work, but I did not want altogether to omit the hint in order to show also the reverse to those who are so well contented with their knowledge and power, viz. : how extraordinarily large the field is of which we know nothing, so that, therefore, they either have to investigate for themselves, or to learn from others who have taken pains to do it.

4. In conclusion, there is another point, in order to avoid a misunderstanding. The word "indifference" is capable of a different interpretation, and therefore it must here be said what I understand by it, and this of course is nothing else but what I have expressed in numbers. A potency which in the neuro-analytical proving produces neither paralytic nor animating effects, I call with the same right indifferent, as the solution of kitchen salt is called indifferent, which in living tissues, *i. e.*—blood-corpuscles—produces neither swelling nor shrinking, or as a temperature in relation to another body is called indifferent if at the latter it produces neither an increase nor a decrease of its heat. What, therefore, with "indifference" is not intended to be said is that the injection of a substance in a dose denomi-

nated by me "indifferent" be *perfectly* harmless in a living being. Besides other things of which I shall speak later on, this cannot be the case, because secretion or combination change more or less rapidly the degree of concentration upon which depends the indifference.

[TO BE CONTINUED.]

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## OVI GALLINÆ PELLICULA, OVI MEMBRANI— VESICULA PURKINGE.

SAMUEL SWAN, M. D., NEW YORK.

The above preparations of the egg membranes were partially proved in 1883, and have been frequently used by the writer and others and with great success.

*Sensorium*.—Dizziness and fear of falling, and catching her breath when descending stairs. Walking on anything narrow that is raised above the level of the ground causes the same feeling.

*Mental Symptoms*.—Exceedingly depressed and hopeless.

Hopeless, tearful, inert, mental condition.

Fretful and discontented, because menstrual flow was not more profuse.

Melancholy and down-hearted.

Profound states of melancholy, without any known cause, which pass away quickly like the cloud after a shower, and everything appears bright and cheerful.

*Head*.—Occipital headache.

Aching pain from back of left ear, extending downward over the shoulder half-way from neck; in the afternoon of second day. Similar pain next day from right, extending to the arms.

Fullness of the head with great pressure outward in mastoid region, with headache in occiput, cured.

*Eyes*.—Sharp, darting pains in left eye through to occiput; very violent, compelling her to press the eye to prevent its leaving the socket, which it seemed as if it would do. (Ballard.)

Sensation of a shade over the eyes.

Sunken eyes, haggard look of face.

*Nose*.—Sensation of severe cold, sneezing catarrh, cracked lips (proving).

Severe cold came on with an unusual flow of mucus, which filled three or four handkerchiefs in a day. It caused a tightness of the chest, a great oppression and violent cough. It passed off suddenly.

Catarrh, with hard clinkers, hawked backward, and which invariably shoot down the throat; at ten A. M., three P. M., and ten P. M.

*Face*.—After a dose of CM (which relieved), for a distress in epigastrium, there followed an eruption of small pustules on forehead and chin.

Slight soreness and stiffness of the jaw, which passed off in a few hours; third day.

Looks haggard; sunken eyes; skin discolored—dark.

Sallow complexion—cured.

*Mouth*.—For several days preceding menstruation an exceedingly offensive breath, which when inhaled by a friend seemed to pass down through her, direct to the womb. This continued till menses ceased.

Exceedingly acid saliva (after CM).

*Throat*.—Sore throat every night on left side, as if it had been scalded.

Miss P. took Ovi-gall-p.<sup>cm</sup>. In two days had sore throat, with sensation of a lump on left side low down causing cough; the throat looked inflamed; tonsils swollen, but no indications of ulceration or patches.

Sensation of dryness causing cough. Tonsils remained inflamed on one side. Kalmia relieved.

*Stomach*.—Nervous dyspepsia; low spirits; very weak; sleeplessness, occurring every week.

Sensation of a hard ball or lump in the epigastric region, extending from the lower end of the sternum through to the back, as if she had swallowed a whole potato, and it had lodged there—and with the above was severe pain in the sacral region. Relieved with CM.



Burning in pit of stomach with heaviness and weight ; cured.

A very sharp pain passed from epigastric region in a direct line toward the left ovarian region. This was repeated three or four times during the day—each time it was only momentary.

Vomited three gall stones.

*Abdomen.*—Pain in the right hypochondrium, passing into the stomach, with a tendency to diarrhoea ; very weak and great dread of motion.

Pain in the liver under the short ribs, exceedingly severe. Gave Ovi-gall-p.<sup>cmn</sup> and the pain immediately passed down to the right knee, then soon passed off ; left a weakness after extra exercise.

Severe pain in the left groin, extending to her left foot, caused by over-exertion. In an hour after taking a dose, pain all left and did not return, although she has since taken unusual exercise.

For the past twelve years, at menstrual period the abdomen has been greatly distended. Since taking Ovi-gall-p. there has been no distention at that period.

After menstruation has ceased, cannot bear any pressure on her waist, has to take off her corsets and suspend her clothes from the shoulders.

The night before the last menstruation, she had distention of the abdomen for about two hours, as if it would burst.

Had a pain in left lower abdomen and with it a sensation as if something within turned or rolled over.

(Query, was it natural version of the womb?)

Left side of abdomen feels very sore and occasionally sharp pains dart through it ; also a bearing down as if a ten-pound weight were hanging to the womb.

Two days after menstruation complained of sore, aching pains in abdomen. Said the suffering was so great that at times she could hardly stand. Soreness was not increased by external pressure. This continued for one day and then ceased. There was no return of the distention or pains in left side, groin, or limbs.

Kate M. took a dose of CM at night ; had pain in lower



abdomen, worse on the side she was lying on, and in the sacrum when lying on the back.

A very sharp pain passed from epigastric region in a direct line toward left ovarian region. The pain was momentary and was repeated at intervals three or four times during the day.

Tired feeling in both groins, especially in the left, caused by walking.

Aching, deep inside (three inches) over the left hip bone. This pain disappeared during menstruation and reappeared when menstruation ceased.

*Anus and Rectum.*—Burning in anus after hemorrhage from rectum.

#### STOOLS.

During twelve years has been constipated, going a week or more or having partial movements every four or five days. Since taking Ovi-gall-p. her bowels have moved regularly, except one or two days.

While riding in the cars sudden hemorrhage from the rectum—bright blood. A severe pain followed the discharge across the sacrum. Menses came on next morning.

The day the menses came on had another discharge of blood from the bowels, followed by burning at the anus.

During menstruation sensation as of prolapse of the rectum, which, however, was not the case.

Twenty-four hours after menses commenced had hemorrhage of the bowels as before, but unaccompanied by pain.

Stool mixed with a sand-like substance that fell heavily to the bottom of the vessel, and was voided with great pain.

Diarrhœa, with cutting, colic pains—was icy cold—in a collapsed state. Proving.

Increased peristaltic action of the bowels removing the obstructions that had lodged in the convolution of the intestines *after CM*. Nineteenth day found her clothes wet, and on examination found she had hemorrhage from the rectum; felt miserable all over. At three P. M. next day menses came on, nine days too soon.

*Disorder of Bowels.*—Diarrhœa sometimes mixed with long strips like corrugated skin, most often accompanied with cutting, colic pains. Often three days without a movement.

*Chronic Constipation.*—Stool irregular from five to eight days.

*Diarrhœa* at night, with griping pain in epigastric region, and particularly in pit of stomach, and griping, crampy pains in the bowels. Characteristic, griping cramps, and diarrhœa coming suddenly.

(Note).—This came on four days after taking the drug, and continued four days and then ceased.

*Urine.*—During the proving urine natural, density 20.

Every time she sneezes or coughs the urine spurts out since menstruation ceased.

Urine scalds the vulva, especially on the right side, which itches intensely.

Urine dark yellow-red (after CM.).

*Female Sexual Organs* (external).—Increased pruritus, attended by more than usual swelling of the parts, and with burning of a spasmodic character.

*Vagina.*—Watery, offensive leucorrhœa. Scalding leucorrhœa before menses. Fullness in vagina, hindering walking (perhaps prolapsus).

Since menses ceased has had fluor albus, white, cream-like in consistence, preceded by sharp pains in the womb as during menses. It occurs every morning, whereas the last menses were every other day; has never had anything like it before, except slightly after great fatigue.

Albuminous leucorrhœa in a blonde, æt. twenty-two. Has had it since a child; menses regular, colorless, painless. Gave one dose Ovi-gall-p.<sup>cmm</sup>. Next morning had healthy pains and a flow of bright red blood.—Dr. Boardman.

UTERUS.—Menstrual flow which had ceased returned after one powder CMM. Bearing-down pains in uterine region, with measles-like eruption, and great debility.

Hurries up retarded menses. Given for retarded menses, it

produced an abortion in twelve hours, a three-months' fœtus, not previously suspected. At full moon, being nineteen days after taking the drug (30th) and nine days before menstrual period, after three P. M. went to stool and had a natural passage; two hours after felt very wet and about ten P. M., being the first opportunity for examination, found there had been a profuse hemorrhage from the rectum. During the evening had a severe pain across the lower part of back. Next morning at three A. M. menses appeared and during the morning flowed profusely, with pain in left side. Three days after the regular menses had ceased was suddenly seized with strange feelings, a whirling sensation in the head, a sense of depression, weak knees, a giving-away feeling most in the lower limbs, particularly the knees. Immediately there was a rush of blood from the womb, which flowed freely about an hour, then ceased; as the flow appeared the other symptoms passed away, and there was no fullness of the abdomen, neither was there any pain, only a downward pressing.

*Dragging* down as if prolapse of uterus would occur.

Stitches in left ovary day and night, running down into vagina; menses scanty.

Before menses, fluor albus, scalding.

Before menses, was awakened at one A. M. by a pushing-down sensation in lower abdomen as if the blood would instantly rush out in torrents, with enormous distention of abdomen, but no flow came till the following night at one A. M.—natural color, scanty, and in twenty-four hours had ceased altogether. Menstrual flow every other day, preceded the day before by a pushing pressure downward.

*Menses* on time, bright but very scanty; continued twenty-four hours. In two days after menses had ceased she had soreness and aching pains in the abdomen, very severe, not aggravated by pressure; continued one day.

Mrs. P. Menses on time; first day labor pains—a pushing downward in the womb. Passed large masses of clots; never had anything like it before; after Ovi-gall-p.<sup>emm</sup>.

Albuminous leucorrhœa in place of menses. Cured with



Ovi-gall-p.<sup>cmm</sup>. Next menstruation bright red and more abundant flow ; continued five days.

Menses preceded by headache, alternating with pain in left ovarian region ; flow free but attended with almost unendurable pains ; continued all day (proving).

Severe prickling pains in neck of womb, apparently in os ; at the same time a pressure downward, attended with intense aching, and a desire to keep the thighs wide apart.

Menses very scanty, natural color. The last part of the flow very dark and excoriating.

Pain in left ovarian region, extending to the groin, then down the thigh and leg. Entirely relieved by Ovi-gall-p.<sup>cmm</sup>.

Aching in the right ovarian region.

*Chest and Heart.*—Stitching pains constantly in the region of the heart, as if the left heart was too narrow, and smaller than the right, after CMM.

Dull pain from the heart to the left ovary, then extending all over the stomach and belly, after CMM.

Mrs. P. had suffered with her heart for many years, when under mental or physical excitement, and finally it took the form of congestion of the heart ; the usual dull, heavy, aching feeling was supplemented by a numb, cold feeling internally, like a cold stone. She had a severe attack and at eight P. M. received a dose of Ovi-gall-p.<sup>cmm</sup>. She said : " In fifteen minutes after taking the medicine, I was taken with a sharp pain in the region of the heart, which passed directly downward as if into the bowels, and I had to fly to the closet, and passed a large volume of blood. Afterward I felt much better, slept splendidly, and woke without any of that annoying feeling at the heart. A few days after I got in a violent passion, but had no return of the old trouble. Awoke next morning with a feeling exactly like a bee sting in the heart or in that region, and have felt well since (Boardman)."

Mr. B. Heart feels heavy and dull and numb, as the foot does when asleep. Has had these symptoms for many years at various times ; took Ovi-gall-p.<sup>cmm</sup>. In ten minutes was entirely relieved and symptoms have never returned.



Great uneasiness with sense of heat and heavy weight in region of the heart (received a few pellets of Ovi-gall-p.<sup>emmn</sup>); soon after had a sweetish taste like blood in my mouth, at the same time the heart suffering began slowly to diminish. In about fifteen minutes my left nostril began to bleed bright red blood, about a teacup half-full. I had many years previously nose-bleed before menses. Next day my heart, body, mind, and whole life are light, and I feel perfectly well. (Boardman.)

Mrs. P. felt a severe thump or blow in the heart.

Mrs. —. Heart feels heavy, dull, and numb as the foot feels when asleep. These symptoms she has had for many years. After Ovi-gall-p.<sup>2c</sup> she immediately began to get relief, and in ten minutes they all left and have never returned.

*Back and Neck.*—Backache, with feeling as though a vertebra had dropped out of the lumbar region, and if the spine was tied together with strings.

Pain in sacrum. (Severe.)

Pain in every vertebra of spine.

*Stiff Neck.*—During convalescence from typhoid fever he was continually complaining of his back in the region of kidneys; suffers very much. On stooping a sharp pain passes through the spine, crosswise, which is terrible; is partially relieved when sitting or lying quiet for awhile. Great pains between two vertebræ in renal region, felt laterally or crosswise on rising from a seat or stooping forward.

Aching in sacral region.

*Arms.*—Bone pains in hands, with *great dread of motion*.

*Legs.*—Heavy aching in lower extremities. (Ballard.)

*Skin.*—Skin discolored; dark.

*Measle-like spots* on her limbs, spreading to her chest, abdomen, and left forearm, without itching or any irritation, after some time a bran-like desquamation.

*Generalities.*—GROUP, in proving. Occipital headache; stiff neck; confusion of mind.

Pain in every vertebra.

Intolerance of bands on wrists, arms, waist, or garters.

Sensation of severe cold; sneezing; catarrh; cracked lips;

great dread of motion ; watery leucorrhœa, not as acrid as before taking the powders.

Languor following or accompanying malaria, in hopeless, tearful people ; with inert mental condition, or those who appear worn out by mental strain or intellectual labor.

Great debility ; losing flesh.

Pain in the epigastric region, passing down the median line of the body ; then in left ovarian region, then in left hip, then down posterior side of left thigh to hollow of knee. At the same time a sense of great crookedness in left side, and especially in left leg, followed by a menstrual flow which continued about fifteen minutes.

Any exercise or walking brought on severe pain in left ovary and leg to feet, incapacitating her entirely. Cured by Ovi-gall-p.<sup>cm</sup>.

Cannot bear the least pressure of her clothes ; has to have all suspended from her shoulders, and cannot wear corsets.

Debility, with great dread of motion, with mental depression and hopelessness.

Great prostration, and so weak she cannot attend to her household affairs ; exceedingly low-spirited ; no appetite.

Since menstruating, she says if she keeps quiet, walks, or stands a very little, lives well, amuses herself, she feels perfectly well. But a little extra effort or exercise in standing or walking breaks her down with the pains in the left ovarian region, thigh, and knee, followed by melancholy. Since taking Ovi-gall-p.<sup>cm</sup>, she has walked miles, worked steady and hard at house-cleaning, and had no returns of the pains or weariness.

Tired all the time—when getting up and when retiring.

Sensation as if she was too heavy for the bed, and that unless it is supported it will break down.

#### CHARACTERISTICS.

Gripping cramps and diarrhœa coming on suddenly.

*Fever.*—Gripping chills.

*Sleep.*—Lay awake all night as is usual with her before menses.

Sleepy all the time; can sleep any time night or day; is tired all the time.

Between ten A. M. and three P. M. was taken suddenly with intense drowsiness; sometimes overcoming the will to keep awake.

Especially sleepy during menstruation.

During sleep, and immediately on going to sleep, the whole body jerks.

At the suggestion of the late Dr. Baruch, who thought very highly of these preparations, I combined the three in one, naming it Ovi-gallinæ-pellicula-comp., or abbreviated O. G. P. comp., and I believe it will be found very valuable in affections of the heart and the uterus.

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## REMINISCENCES AND CRITICISMS.

G. J. WAGGONER, M. D., LARNED, KAN.

In the *Medical Advance*, September, 1880, Dr. T. P. Wilson says of Dr. Hering: "The heroic old man is dead. Here ends one of the grandest epochs of medical history. Henceforth on her fair pages shall stand four-score years marking the life and labors of Constantine Hering. What a magnificent spectacle is the production and completion of such a man! What a crown of glory it places upon the brow of humanity! What a priceless gift is such a life to the human race! What a harvest of intellectual wealth is now gathered by the death of this great man! Like some choice ceramic he passed unharmed through the fire, and became more and more beautiful as the flames of adversity burned deeply into his moral and mental nature the immortal colors of deathless life. Constantine Hering was a born leader of men because of his high intellectual endowments and his whole-souled devotion to truth. It is a supreme happiness to us who live to-day that we have seen such a spotless life completed. He lived and worshiped at the shrine of nature, and when his days were numbered he fell into the mighty arms of the All-Nature which



had called him in his infancy, and in that great bosom, the love and power of which no man knows, Constantine Hering sleeps the sleep of the just."

In the somewhat remote past, when I was a private pupil of this great man, and at the same time listening to the lectures of Dr. Walter Williamson, the hearty and bluff Professor of Materia Medica in the old Filbert Street College in Philadelphia, whose chief reliance in nearly all forms of disease, at least in his own person, was Aconite, mother tincture, like the late Charles Julius Hempel, and whose other teaching in materia medica was along nearly the same line of therapeutics, it may readily be seen that there was a conflict of instruction, and William A. Gardner, the genial and convivial—the idol of the school, and who betimes referred to the opinions of "our friend Dr. Jayne," with a laugh. Isaac M. Ward, the bland and complacent obstetrician, whose chief reliance was in the first and second dilutions, and almost always in alternation of two or more of them. Dr. Alvin E. Small, whose name as well as his Homœopathy was at this time a misnomer, at first of the chair of Physiology, and later of Theory and Practice, an excellent man and a good friend to all. Of Dr. Semple who presided over the laboratory little need be said, except that he was a fairly good chemist in his way. Jacob Beakley, of the chair of Surgery, I had almost forgotten. I remember him more for his rigorous methods of doing his work than for the excellence of work done. Last and not least was the renowned Fred Humphreys, the ex-presiding elder of the M. E. Church, and whom the Cleveland School charged with irregular (?) practices. At holiday time he made a visit to his home in New York, and the trustees consented to his remaining there, when my friend Dr. Small was promoted to the chair of Theory and Practice as before stated.

Here was a dilemma, indeed, for a poor ignoramus like me. While listening to this galaxy of medical lore, and at the same time receiving the instruction of my preceptor, you may readily perceive that there could be no wonder that I followed my *Alma Mater* rather than my preceptor. This was the more deplorable,



inasmuch as I started all wrong, and fumed and fretted through a series of years before I discovered the fact. When I did make this discovery, I got everything in my reach that the master had ever written, and set about studying it thoroughly. Together with this I secured Hahnemann's *Materia Medica Pura* and *Chronic Diseases*, by which I began to feel my way to a better method of treating the sick. That to do so successfully I must find that remedy that had all the symptoms of the case in hand. But here again I made all my efforts, or nearly all, unavailing, by a constant repetition of the dose, until my patient was worse off than when I began. What was I to do? I felt sure that I was approaching the right track, but that there was a screw loose somewhere. All this time I had overlooked the important fact that both Hahnemann and Hering had pursued the practice of giving a single dose and waiting its full action. About this time I was taking that excellent journal, THE HOMŒOPATHIC PHYSICIAN, that has helped so many, like myself, to a better way, and to a clearer understanding of pure Homœopathy. This I read with care and avidity. Here I gathered the fruits of such minds as Lippe, Wells *et al.*, and concluded that the reason of my many failures was to be found in my oft-repeated doses. I remembered that in many cases, especially the more chronic ones, my patients would make splendid improvement for a time, and then come to a standstill, where they were wholly immovable by anything I could do. Thus I commenced in my feeble and imperfect way, in a few cases, to give a single dose and await the results, and in time was so much encouraged by the results that I adopted it in all cases, both acute and chronic, and was rewarded by better cures than I had ever dreamed of previously. Again, I began to feel my way carefully with the higher potencies, commencing with the 200th, and then the 1,000th, and finally in some cases, the CM. At this point I compared my situation with the early years of my endeavors, when, though calling myself a homœopathist, I was but a veritable mongrel fraud, and you may be sure that I felt greatly elated with the light that was beginning to dawn upon me. About this time I was called to see a diph-

theritic patient, a strong, healthy man of thirty-five or forty, who had been sick three days. The family were Poles, and could scarcely speak a word of English. I found the patient with a dry, swollen tongue, protruding from the mouth, unable to speak or swallow. Had not eaten or slept for over twenty-four hours. The diphtheritic odor was appalling.

I gathered that his sore throat commenced on left side and went to the right, and that in the earlier stage he feared to go to sleep because he felt so bad on awaking. With these meagre symptoms as a guide, I ventured to prescribe Lach.<sup>2c</sup>, one dose, of No. 20 pellets, three dry on tongue, and placebo, to be taken at intervals of two hours, then left with the understanding that I would call next morning. You may judge of my fear and trepidation when I inform you that this was my first important venture with the single remedy, and the single dose of a high potency. However, on my return the next morning, I saw a broad grin on all faces, including that of the patient. The result proved altogether favorable. My patient was well. This, with many other cases, so reassured me that I adopted these methods, and have not since departed from them. And, as the years roll by, I am more and more assured that I have found the better way. All this implies hard work and careful study; often attended by failures; but the failures become less frequent, and the better work done is an ample reward for all the pains bestowed upon it. Some few years since had occasion to treat a case of necrosis of tibia. The patient was an Englishman, of some forty years, stout and rugged, short and fat withal. There were a number of ulcers, from size of a pea to a quarter-dollar. There was intense voluptuous itching, relieved by scratching. He said he could scratch forever and enjoy it. The skin was not broken but burning followed it, and then came a crop of little vesicles. He got one dose of Sulphur<sup>lm</sup>, and a bottle of Sac-lac. to take three or four times a day. I saw him a week later, when the improvement was very marked, and at the end of another week my patient was well, and has remained so ever since.

The past winter Le Roy B., æt. fourteen, had arthritic rheu-

matism, commencing in right knee, and extending to adjacent parts. Saw him on third day. Found the knee red and considerably swollen, with the whole limb very painful, especially at rest. He had not slept for two nights, and could not keep still long enough to get to sleep. The suffering was greatest when he commenced to move, but after he got warmed up a little could go pretty well. Gave one dose of *Rhus-tox.*<sup>1m</sup>, and followed with *Sac-lac*. This was all the medicine he received, and was well and at school in less than a week.

Many similar cases could be given, but these I deem sufficient to illustrate the methods employed and the success attending them. In other words, all diseases are curable in this way provided we can make sure of the simillimum. Here we should administer the single dose, and await the results. If we have made no mistake in the selection, we will get either an aggravation or amelioration. In the former case, we must await its subsidence; and in the latter case, till the full benefit is had; and when this improvement ceases, the dose may be repeated, and not till then.

It is this that constitutes the higher medical education that is most demanded at the present time, without this no real advance can be made in the healing art. I do not decry a knowledge of the elementary branches of instruction, on the contrary believe they should be the best possible. But without a thorough and complete comprehension of the philosophy of Homœopathy, and a thorough study of the *Materia Medica*, no physician can be properly equipped for the full duty of his calling.

I freely admit my disappointment in some of the members of the I. H. A. One member gave a dose every two hours for twenty-four hours. Another, four doses at intervals of an hour in beginning each case. And others are stilt-stalkers and can hardly descend to earth long enough to know of terrestrial facts, and others ride their hobbies till they become sadly deformed. One learned gentleman, in a series of clinical cases, on the hobby plan, reported in the April number of *THE HOMŒOPATHIC PHYSICIAN*, was called at three A.M. to see a man who had a chill in the night, and very severe pain in his right side, the



pain starting in the lower part of chest and going through to back, worse from every motion ; from coughing or taking a long breath ; relieved from lying on affected side \* \* \* this pain was knife-like and was very severe ; he groaned with every breath. Bryonia<sup>5cm</sup>. "So far, so good ! But wait a little." Called at ten A. M. (seven hours later), found the pain *all gone* \* \* \* he is very stupid and drowsy, and will not keep awake long enough to get his symptoms. *Aches all over.* Bapt.<sup>600m</sup>."

Now, why could not this gentleman have let well enough alone ? It is obvious. He *had his hobby to ride*. When all this salutary change had followed the exhibition of the indicated remedy, the only thing for a rational homœopathician to do is to wait ; and in all likelihood recovery would have followed the *one dose*. It strikes me that the I. H. A. has sadly fallen from its high estate. There was a time when it would have been my highest ambition to become a member of it, but that time is passed. I hope you will pardon these criticisms. I cannot refrain from making them.

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### CALENDULA-OFF.\*

W. A. YINGLING, M. D., NONCHALANTA, KANSAS.

**MIND :** Extremely nervous, starts at sudden noises ; fretful. A feeling as of some overwhelming calamity impending ; almost unbearable.

**HEAD :** Moves head up and down ; headache, piercing ; splitting ; tearing ; rending in sides ; vertex ; occiput ; lancings in the forehead ; tingling in the vertex ; weight on the brain ; paralysis after apoplexy ; congestion ; constriction.

**EYES :** Rolls eyes ; fixed (in convulsions) ; dark rings around eyes ; an appearance as of skin over inner section of left eye ;

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\* Sources of information : John W. Clark, M. D., *Homœopathic World*, '90 ; "C. W." in *Homœopathic World*, '90 ; Robert T. Cooper, M. D., *Homœopathic Review*, '89, and *Homœopathic World*, '92 ; Malcolm Macfarlan, M. D., *HOMŒOPATHIC PHYSICIAN*, xii, 276 ; from Petroz by Agricola, *Homœopathic World*, '92.



traumatic ophthalmia ; painful because of the headache ; puffy under the eyes ; tetters, shootings, pain, inflammation ; eyelids adherent ; sclerotic blue ; spots (*taches*) on the globes ; diplopia ; sees only half of objects ; weakness of the sight ; movement before the eyes ; a thick veil before the eyes.

EARS : Hearing acute ; starts at noises.

" \* \* \* the deafness had come on after bathing : both membranes normal in appearance, there was no discharge whatever, and there was an inability to distinguish with the left ear from whence sounds were coming, and which was always worse in damp weather." [Prescription of *Calendula* in the form of snuff made from the  $\Phi$  and Sacch.-lac.]—Dr. Robert T. Cooper, *Homœopathic World*.

Hears best on a train or in a busy thoroughfare.

Hearing is worse when she takes cold, which she always does in damp weather ; worse when fatigued.

Cannot hear two persons speaking together. Hears church bells and distant sounds fairly.

Deafness worse in *damp surroundings*.

Deafness where eczematous conditions are present.

"Moist catarrhal manifestations of vascular deafness."

Aching of left internal ear ; discharge from the ears ; noises (bruit). Murmur in the head ; hearing affected by music ; sensation of heat in ears ; hearing affected, with cold feet.

NOSE : Cold in head with thick green discharge ; severe sneezing ; tetters reaching to temples ; cancer ; sensibility.

Coryza in general ; in one nostril ; with excretion clear ; yellow.

FACE : Puffy and swollen, particularly under the eyes.

TONGUE, TASTE, ETC. : Blisters on tongue ; bitter taste of food ; taste of pepper ; watery ; mucous ; putrid ; after taste of aliments.

MOUTH : Dark circle round mouth in convulsions ; acid fluids in mouth ; mucosities in mouth ; reddish seum in mouth ; saliva acrid ; inflammation ; excrescences ; hemorrhage of ; opens mouth with difficulty ; burning heat in œsophagus ; swallowing difficult ; chronic hoarseness.

**APPETITE:** Hunger immediately after nursing; constantly wants the breast.

Bulimy with prompt satiety; desire for beer; for vegetables; hunger at midday; hunger immoderate in the evening.

Hunger, thirst, and flow of urine; malaise after fatty foods; sense of satiety; absence of thirst.

**NAUSEA AND VOMITING:** Vomiting milk, curdled, slimy; thick sticky mucus.

Eruclations; hiccough; pyrosis.

*Heartburn with horripilations.*

Risings; sweetish, rancid; food lies heavy; nausea in precordial region; nausea alternating with diarrhœa; nausea in the chest.

Vomitings of bitter matter; vomitings of black matter; vomitings with heat, pale face; vomitings "in spittings;" vomitings periodic; vomitings after drinking fluids; vomitings, convulsions during.

**STOMACH:** Hiccough, violent, persistent; worse after nursing, and after vomiting.

Pain after nursing; throbbings; contraction; cutting pains; *sinking* of cardia; sensation of rupture of cardia; swelling in precordial region; sensation of ulceration; sense of emptiness; *lancinating pain in splenic region*; unable to support clothing.

**ABDOMEN:** Umbilical hernia, after much straining at stool and screaming.

*Epigastric distention.*

Cuttings in sides; in region of kidneys.

Tearing in inguinal region.

Senses of tension, tumefaction. Contraction.

**STOOLS AND ANUS, ETC.:** Constipation and flatulence.

Makes a grunting noise as if passing stool, but only passes wind [in a child].

Stool deep reddish-yellow-marigold color, chopped appearance, at times frothy, strong odor.

Much straining. Stool expelled forcibly to a distance if the diaper is not on. Anus excoriated by stool. Diarrhœa during

dentition. Diarrhœa day and night. Chronic hardness of stools.

Anus, smartings of; pressure in; hemorrhage from; constriction. Herpatic eruptions on anus and perineum. Hemorrhoids, burning. Pain, weight in rectum. Dysentery with gastric affections.

URINE: The difficult urination common to old people.

Dark, offensive, staining the diaper deeply. Greatly diminished.

Distressing urging to urinate. Distressing urging to urinate in pregnant women.

Brown sediment. Suppression of urine. Urine deep colored. Urine frequent. Involuntary. Painful urination. Vesical cuttings. Enuresis nocturnal. Frequent inclination and drinking. Frequent emissions of pale, clear, hot, and even burning urine. Lacerating in the urethra during the chilliness.

FEMALE SEXUAL ORGANS: *Warts on the mouth of the uterus.* Pale blood flows from the uterus. *Menses suppressed.* Leucorrhœa. Pain in back of women. Cough during suppressed menses.

COUGH: In open air. After walking. Mid-day. In breathing. During suppression of menses. *From roughness of chest. With expectoration of globular sputa. With expectoration green, tasting badly.*

*With distention of the inguinal ring.* With hoarseness, malaise, heat of face.

HEART, PULSE: Palpitations. Pulse full.

CHEST: Sensations of dilatation; constriction; pressure. Blue around clavicles. Sensibility in mammary glands. Ulcers, burnings in. Swellings of mammæ with or without pain.

NECK AND BACK: Eruption on neck. Pains in region of kidneys.

UPPER EXTREMITIES: Arms and hands twitch.

Heat, burning in the arms. Cramps. Pain, paralytic, at shoulder articulation. Paralysis of forearm. Stiffness, arthritic, of the fingers. Ulcers on the fingers. Periostitis. Acute pain in ball of left thumb.

**LOWER EXTREMITIES:** Draws up the legs. Stiffness in feet articulations. Fetid sweats of the feet. Severe pain in arch of right foot.

**LIMBS IN GENERAL:** Fractures.

Rheumatic drawing pains only during motion; restless nights.

**FEVER, CHILLS:** Shuddered after vomiting. Sensitive to the open air. Sweat stains the linen. Sweat with horripilation; nocturnal; weakening. Horripilations.

Heat in the afternoon, with frequent thirst; chilliness and shiverings intermixed, *particularly after drinking*.

Heat in the evening with coldness of head and hands, intermingled with shivering, with aversion to drinks.

**SLEEP:** Restless. Restless four to five A. M.

Starts in sleep. Gasping in sleep. Wakes up screaming.

Feels as if he would fall from a height when dropping asleep.

Attempts to uncover. Drowsiness with ill-humor and delirium. Restless nights. Constant waking.

**NERVES:** Screams. Hands and arms twitch. Convulsions eleven A. M., immediately after nursing. Extremely nervous; starts at noises. Great tendency to start and twitch with nervousness. Convulsions during vomiting and colic.

**TISSUES:** Jaundice. Does not lose flesh in spite of vomiting. Bloody and serous infiltrations of cellular tissue in open wounds and ulcers. Destructive syphilitic ulcers.

Submaxillary glands are painful to touch. Painful axillary glands. Incised or lacerated wounds.

It limits suppuration and assists in securing primary union along incised surfaces.

Suitable in cases with loss of soft parts.

[I took a case of great loss of soft parts from the bite of a stallion, where Bichloride of Mercury, strong, had been used to excess. After days there was no repair of parts, with profuse suppuration. I thoroughly cleansed parts and applied diluted Calendula in water, keeping parts moist with it. Within twenty-four hours from the use of Calendula, the repair was noticeable



to the unprofessional eye, suppuration remained at the minimum, with a good recovery.—W. A. Y.]

SKIN : decided yellow ; jaundice ; suggillations.

Promotes favorable cicatrization, with least amount of suppuration.

Horripilations ; semi-lateral ; *on being touched* ; *goose-flesh*.

" \* \* \* the ulcer was larger in size than a one rupee silver coin, covered by a yellowish crust, formed by drying up of the discharges from it. When the crust was taken off, I noticed much slough all over, proud flesh in the centre, with depression between the proud flesh and the raised edges and fissure-like cracks all over the ulcer, with much painful swelling of the leg and foot and redness of the surrounding parts, looking like diffused erysipelatous inflammation. \* \* \* prescribed *Calendula*  $\Phi$  lotion. \* \* \* Slough, proud flesh, and raised edges were the indications for my prescribing *Calendula*."—R. K. Ghosh, M. D., in *Homœopathic World*. [A lotion of the 30th or 200th will be found to be as efficacious as that of the tincture, with the higher potencies internally.—W. A. Y.]

GENERALITIES : Symptoms intermit.

*Great disposition to take cold, especially in damp weather.*

Wounds that suppurate profusely ; incised or *lacerated* wounds ; bloody and serous infiltration of open wounds and ulcers ; burns, concussion from blows, shock, fall, etc. ; pains, lacerations, excoriations ; lassitude, difficult movement ; tension of the body ; pains, stabbing from within to without ; pains, of excoriation to the touch ; *mechanical lesions* ; blood clotted ; delirium from pain ; sensibility.

*Aggravation in damp, cloudy weather.*

TIME : Four and five A. M., restless.

Eleven A. M., convulsions.

Five P. M., vomiting.

Evening and night, stools, restless.

RELATIONSHIPS : Antidote, *Chelidonium* ; *Sang.* helped the catarrhal state ; *Æthusa* controlled the vomiting ; *Cham.* the fretfulness ; *Lyc.* was of some assistance ; probably *Rheum* is antidotal.

## A CASE OF INSANITY.

JOHN H. FITCH, M. D., NEW SCOTLAND, NEW YORK.

Mrs. E. F. D., aged fifty years, married, mother of two children, aged twenty-three and fifteen years. Insane since the spring of 1877, a few months subsequent to the birth of her youngest child. In girlhood had scabies, suppressed with an ointment. Following her confinement she had backache, debility, and a profuse leucorrhœa, which latter complaint was summarily suppressed by a current of electricity applied locally at the hands of a non-graduate. The most violent insane manifestations immediately followed.

December 1st, 1891.—Patient brought home paroled from the Middletown Insane Hospital, where she had been kept fourteen years. Delusion of exalted health and position were present, also the idea that some one had changed her features or stolen her hair, blood, or flesh in her sleep. There was no control over her will, and she would ventilate her delusion or charge the theft above indicated upon any one whom she might meet. A peculiar lustre of the skin of her face was noticeable, resembling polished copper. Ate and slept well and was scrupulously neat in her person. December 19th, Sulphur<sup>1m</sup>, one dose. For the next week or ten days she complained much of the smell of Sulphur on her person and clothing, and hung out all her clothing to air and had a very large laundry.

January 4th, 1892.—Patient was brought to my house, where she remained six months. Although the patient had not been violent, I had a medical student act as body-guard over my family at times of my absence from home. Nothing, however, even occurred to require his services in that capacity.

January 30th.—Her self-esteem having become now a very important feature of the case, together with backache, sensitiveness to cold, irritability of the bladder, etc., Platina<sup>1m</sup>, one dose.

February 5th.—Patient much less affected by self-esteem, but seemed to have a down-hearted look, and was noticed to be

sighing much of the time. A peculiar hacking cough troubling her, a dose or two of Ignatia<sup>30</sup>, was given without much effect when, about February 8th, Calc.<sup>1m</sup>, one dose, was given.

For a month or two patient improved very noticeably. Self-esteem was quite in the background, and quite an amount of control over her will was gained. Friendly chats with members of the family would be held, and neighbors calling would hardly believe that Mrs. D. had spent fourteen years in an insane hospital.

In April visited friends in Albany, her old home, spent a week and returned, traveling alone each way. Toward the close of her visit there I called to see her. Noticed her to be somewhat ill-natured. I gave her Sepia<sup>1m</sup> in water. She soon after returned to my house. Things went on very well for a month or two, when it was noticed that in her room, especially in the evening, the patient would be talking excitedly, apparently in angry conversation with some one. This had been noticed to a slight extent before at times. It now became a very prominent symptom and would be carried to the extent of a degree of rage, with words very threatening and bordering on profanity. Carbon<sup>30</sup>, in water, and in a few days all was peace.

About July 1st, it not being thought possible by her friends to keep her outside of an asylum, she was taken to the State Insane Hospital at Utica.

I am not sure that the patient can be cured, as her delusions were modified, not abolished, but kept far in the background. I know that a course of carefully selected antipsoric medication, prescribed not on key notes but on totalities diligently compared, greatly relieved her from her delusions and that *Cereus Bonplandii* wiped out some of the most unpleasant manifestations of her case.

## THE INTERMITTENT OF CALCAREA-CARB.

A. McNEIL, M. D., SAN FRANCISCO, CAL.

I give the following description of an intermittent fever curable by Calcarea-carb. and other drugs from Boëninghausen. I reproduce it the more cheerfully because it has been omitted from the *Guiding Symptoms*.

“Intermittent fever with swelling of the joints and glands, particularly those of the knees and lower jaw, almost every time was cured by Calcarea-carb., so that the metastatic complaints never occurred. These fevers were characterized thereby, that the chill and heat either rapidly alternated or were present at the same time; the chill being internal, the heat external, usually accompanied by palpitation of the heart and followed by profuse sweat, which had the disposition to persist a long time in convalescents, and it had the peculiarity that it occurred more freely on motion in the cold open air and only in the first sleep in bed (Ars.), and not in the morning.

The weakness and prostration during paroxysm which Calc-carb. has, is on no account to be considered as a criterion, for there are many remedies corresponding to such cases. For example, we have seen such prostrating intermittents in which violent headache, interrupted by sopor with dreams (Arsenic). Others with violent rheumatic pains in the limbs, with insatiable thirst and frequent discharge of urine (Lycopodium). And still others in which distress in the stomach, with vomiting everything taken into it, followed by rush of blood to the head and difficulty of breathing (Ferrum-met.).

Key-note, Sulphur; cold sweat on the neck.

Sepia: sweat more profuse after than during exercise.

Opium: collapse with no natural reaction of the vital powers; he lies as if dead, the entire body being cold and stiff; face bluish, bloated, and covered with sweat.

Stramonium: During the day weeping prevails, while at night spasmodic laughter predominates.



Ipecac., Hæmaturia of (neat) cattle when first going to pasture and toward autumn.

Colchicum : For cattle that have eaten clover and have become dangerous by reason of the flatulent colic thus engendered.

Bismuth : Hiccough after vomiting.

Cuprum : Vomiting after hiccough.

Lach. : After the fever, hiccough and vomiting simultaneously.

Phosph-ac. : Sullen, indifferent—taciturn and sad disposition.

Kali-carb. : Vomiting of bluish colored blood.

Hepar : Pain in throat, ameliorated by talking.

Bell. : Inflammation of the brain caused by sunstroke, when very recent.

Camphor : Sunburn on face and hands—(internally in a high potency).

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## SCIATICA.

CHAS. B. GILBERT, M. D., WASHINGTON, D. C.

The following symptoms have been verified : none of the remedies were given low, especially Kali-bichrom.

Arnica : Hip sore as if bruised ; bed feels hard. (I prefer Arnica-radix, but it acts so sharply, even in the thirtieth, that it needs to be watched.)

Kali-bich. : Aching in back and down left side into hip. Rheumatic pains in hip joints and knees on moving ; on walking. Pain in the course of the left sciatic nerve from behind the great trochanter to the calf. (Hering's *Condensed*.) (The sciatic pains are apt to follow a cold in the head, by metastasis.)

Silicea : Right-sided sciatica better on motion and from heat ; worse when at rest or when cold ; costive.

(Rhus-tox. will not cure when the bowels are costive.)

Thuja : Pain in right sciatic nerve—when rising, first starting to walk, bending forward (putting on stockings), tired from standing at a desk : gonorrhœal history.

## BELLADONNA AS A PROPHYLACTIC.

C. F. NICHOLS, M. D., BOSTON, MASS.

The Sister Superior of a large institution here (the home of two hundred and fifty destitute children) sent, six weeks ago for Belladonna, which, she "had heard to be a preventive of scarlatina, thirteen or fourteen children coming down daily."

I sent Swan's DM., to be given in solution every forty-eight hours to sisters and children alike. To-day, January 7th, Sister Mary Louise, Superior, writes that but two children have been touched by any symptoms of illness since beginning the preventive medicine. These two are very slightly disturbed. This seems a test on a large scale.

I may say that in my own practice, I have never known any exposed person to yield to scarlatina, if the interval between doses was as long as twenty-four hours (usually it was forty-eight), and the potency as high as the 200th.

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## AN ILLUSTRATION.

HOWARD CRUTCHER, M. D., CHICAGO.

A few weeks ago a dear old friend came to Chicago to pay me a social visit. Since last we met he has become a doctor of medicine, although he has not yet entered active practice.

He had not been around my home and office very long until he began to ask a great many questions. Without for a moment recognizing the fact that I knew him to be a mongrel, I preached Homœopathy to him and lost no chance to give the allies of allopathy masquerading in homœopathic ranks an unmerciful scoring. His superb intellectual equipment and his splendid literary attainments made me especially desirous of making a convert of him. A case of membranous croup opened his eyes pretty wide, and some other cases caused him to readjust his glasses, but a personal experience completed the work.

One morning I entered his bed-room to look after his wants

and found him suffering from terrible cramps and tenesmus. His constant desire to sit and strain, the nocturnal aggravation, the bloody mucous discharges, and the fetor of the breath left no doubt that *Mercurius-cor.* was his remedy.

His earnest request for a low potency was denied, as I do not recognize a patient's prejudice as having the least influence on the action of the high powers. A dose of the CM made such clean-cut work of the whole matter that his whole heart was won to Hahnemannian Homœopathy. He pleaded for a second dose, on the ground that "the pain might return," but I told him not to climb hills or to cross bridges until he reached them. Both the cure and the conversion were complete.

"Try it and publish the failures."

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### CLINICAL NOTES.

WILLIAM STEINRAUF, M. D., ST. CHARLES, MO.

Was called, some months ago, to see Mrs. Tynen, who was about to be confined with her first child. Found her husband and two old ladies in attendance, urging her on. The pains occurred every few minutes, but seemed to be of short duration. After watching her a little while I thought I saw an indication for *Gelsemium*. She took it, but it did no good. *Belladonna* was given with the same result, and also *Cimicifuga*. Concluded to give nothing, and let matters take their own course.

As I could not find the indicated remedy from the condition of the uterus I concluded to watch the mental condition. I must not forget to add that the lady was a perfect stranger to me. And such irritability was enough to distract anybody. Her snappish, cross actions were beyond endurance. She was uncivil and spiteful in the extreme. *Chamomilla*<sup>dm</sup>, one dose, and the pains changed within five minutes. She acted like a different woman. Began to treat her husband and all present with more kindness and gentleness, and in about one-half hour the labor was over. The case taught me a valuable lesson.

Was asked to see Mrs. B. a few nights ago, who had been confined a day before by a midwife. The labor had been a

normal one. She complained of fever, headache, and general restlessness. Aconite<sup>3x</sup> in water and one teaspoonful every half-hour till better, and then less frequently. No better. With Belladonna I had the same result. Now a severe diarrhœa set in, and I became somewhat alarmed.

The remedies had proven valueless so far. I did not, on that account, blame Homœopathy, but simply and naturally blamed myself.

Set to work now and studied the case thoroughly, as I should have done in the start.

Pulse 110, weak and feeble; skin only moderately hot; diarrhœa every half-hour; headache with giddiness and faintness. She feels so utterly without power. Thinks she would be well if the neighbors had not tried to frighten and scare her about family affairs.

Gelsemium<sup>3x</sup> in water cured intwelve hours. When this mental condition met its medicinal equal the diseased condition was wiped out.

## BOOK NOTICES AND REVIEWS.

**CHOLERA: ITS PREVENTION AND TREATMENT.** By Elmer Lee, M. D. Reprint from *The Doctor of Hygiene* for April, 1893.

This small pamphlet sets forth one of the latest ideas in the dominant school of medicine for treating cholera successfully. The author says: "It is now well known that cholera is a disease of the alimentary canal. Its inciting cause is believed to be a germ taken into that canal through the medium of food and drink. There its presence is protested against by the absorbent vessels, which eliminate from the food the nutriment for the body. \* \* \* \* If the stomach could be emptied of the foul material before the poison has passed further, there might be speedy relief, and, indeed, no real cholera. \* \* \* \* A large irrigation (one to three gallons) of hot water made soapy preferably by neutral liquid soap introduced into the colon through a suitable rubber tube, is the simplest, and I am prepared to say further, the most satisfactory way of treating cholera. The time to begin the irrigation is at the very earliest possible moment. \* \* \* For internal treatment, my experience has taught me that the medicinal peroxide of hydrogen of Marchand given in cupful doses of the strength of four per cent., or even stronger, is a better antiseptic than any other drug heretofore known in the treatment of



cholera." Thus it will be seen that the latest teaching with regard to cholera is that it is a germ disease which must be treated by irrigation, to wash away the germs, and by peroxide of hydrogen to kill the germs that escape removal by irrigation.

The cholera excitement is subsiding, and we may express the hope that we may yet be spared a general visitation of this terrible scourge.

**HISTORY OF THE LIFE OF D. HAYES AGNEW, M. D., LL. D.** By J. Howe Adams, M. D. With fourteen full-page portraits and other illustrations. In one large royal octavo volume, 376 pages, extra cloth, beveled edges, \$2.50 net; half-morocco, gilt top, \$3.50 net. *Sold only by subscription.* Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

The life of Dr. Agnew by Dr. J. Howe Adams is a fitting example of a worthy subject treated by a most able author. The work is enriched by various portraits of the learned doctor at different stages of his life, and as the biographies of celebrated men of the times are the history of a country, so in giving the life of the noted physician its author has given valuable historical information of our city and of its noted medical schools, the University of Pennsylvania and the Jefferson College, his life-work was so dedicated to medical science that he has become part of their history.

The first chapter of the book is devoted to the lineage of the Agnew family, tracing it back to its earliest records. The name is derived from Agneaux, a quaint little village in Northern France. The author then tells of his business ventures, of his founding the School of Anatomy, also of his success as a writer. Chapter X is devoted to the Garfield case, another leaf in the country's history. Then follows Dr. Agnew's home life and finally his death.

The book is enriched by a chapter from the pen of our most noted physician and Provost of the University of Pennsylvania, Dr. William Pepper, a gem worthy of its well-adapted mounting. The volume will prove encouraging and useful to the young physician starting on the road of life, who, by this example, will see that success is only gained after years of patient and faithful work; and to his contemporaries by the pleasing recollections it will bring of familiar names. Read the work, it will well repay the time expended.

**MODERN GYNECOLOGY.** A Treatise on Diseases of Women. Comprising the results of the latest investigations and treatment in this branch of Medical Science. By Charles H. Bushong, M. D. Illustrated. New York: E. B. Treat, 5 Cooper Union. Price, \$2.75.

The effort of this book, the author states, "is to place before the physician a clear, common-sense statement of the symptoms of the various diseases of

the female sexual organs; to indicate in detail the methods of treatment that can be applied by him, and also to indicate in brief the methods requiring the aid of a specially trained consultant of larger experience. The illustrations have been made, some from photographs taken especially for it and others drawn by an artist under the supervision of the author. It is intended for a hand-book for the general practitioner, and is designed to fill a place in progressive medicine. The book is clearly printed and on excellent paper, and will be of use to the profession. The treatment will not be indorsed by homœopathic physicians.

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## NOTES AND NOTICES.

CHILDHOOD.—“A score of years’ experience,” says Dr. George William Winterburn, in the December *Childhood*, “in dealing with the ailments of children, and constant association with them, has impressed the thought most deeply that children suffer constantly from the unwisdom of their elders. This lack of wisdom in child-culture is unperceived by most parents and teachers. The average parent desires to do well by his child, and truly believes he does as well as circumstances permit. It is true he has never made any particular study of his duties as a parent. He has a vague sense that such knowledge comes by intuition. To suggest to him that he should prepare for parenthood with the same earnestness of purpose and the same willingness to learn from those who have given special attention to this subject, as he would in fitting himself for any other profession or occupation, seems to him absurd.”

THE LIBBY PRISON WAR MUSEUM.—Of the many attractions outside of the World’s Fair in Chicago, there are but few in which there is so much interest centered as there is in the Libby Prison War Museum. In 1889 this celebrated prison was removed from Richmond to Chicago and converted into a War Museum. The project was undertaken by a syndicate of the best known business men of the city whose enterprise was conceived in a commercial spirit, but has attained a national reputation. A project such as this was never before heard of. To move a brick and stone building the size of Libby more than a thousand miles, across rivers and mountains, was an enterprise than many of the best known contractors in the West refused to undertake at any price. But the move was made with success. Then the famous old structure was filled with war material that represents the work of a lifetime and the expenditure of half a million dollars. The great collection is conceded to be second to none in the country and includes much of the most valuable material that the greatest civil war the world has ever known has left to posterity. The collection includes thousands and thousands of relics of every description, many of which form important links in the history of the nation. The old building itself is fraught with interesting memories, and the story of the celebrated tunnel escape of February 19th, 1864, never fails to interest the visitors. One hundred and nine Union officers made their

escape through that tunnel, which formed one of the most thrilling events in the history of the war.

SHALL HAHNEMANN'S "CHRONIC DISEASES" BE REPRINTED?—"Some one ought to reprint Hahnemann's *Chronic Diseases*." So say many practitioners. But to bring out such a work involves the expenditure of a goodly sum of money—a risky expense that few publishers care to assume. Messrs. Bœricke & Tafel have, however, determined to make the attempt to reprint this grand old work. Estimates have been obtained, the cost figured out, and now it only remains for the gentlemen of the homœopathic medical profession to indicate their wishes. If a sufficient number will subscribe to the undertaking to enable the publishers to see their way toward paying for paper and type-setting, the old book will again be obtainable; otherwise it will remain out of print.

Subscribe through your regular pharmacist, or book-dealer, or direct to the publishers, Bœricke & Tafel, 1011 Arch Street, Philadelphia, Pa.

FREE TRIP TO CHICAGO.—Any one of our readers who desire a free trip to Chicago to see the great exposition should consult the advertisement of the Scott Seed Company on advertising page 3.

THE YALE CHAIR.—The value and convenience of this chair cannot be appreciated until one is in a predicament where the ingenious variations in its structure can be most advantageously applied if it be at hand to relieve one of the difficulty.

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### FUN FOR DOCTORS.

Mrs. Youngquack—"You are so persevering and hopeful, dear; you remind me of patience sitting on a monument."

Dr. Youngquack—"I feel blue enough to remind you of the monuments sitting on my patients."

Nurse—"How am I to treat that little tailor who was brought to the hospital to-day? He's terrible thin, you know."

Physician—"Put two mustard plasters on him—one on his chest and one on his back."

Nurse—"That's all right, but suppose the two plasters come together?"—*Fliegende Blaetter*.

HER VERY OWN.—Dyspepsia specialist (irritably)—"But, Madame, you must chew your food. What were your teeth given you for?"

Female patient (calmly)—"They weren't given to me. I bought 'em."—*Life*.

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Customer (in great haste)—"Give me some Soothing Syrup, quick!"

Leisurely Druggist—"Will you have a four-ounce or an eight-ounce bottle?"

Customer—"Oh! I want a keg of it, it's twins!"



THE  
HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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EDITORIAL.

WHAT IS FITTEST IN HOMŒOPATHY AND LIKELY TO SURVIVE.—In the *North American Journal of Homœopathy* for July is an address bearing the above title, by Dr. W. S. Searle, of Brooklyn.

The author takes a retrospect of the three-quarters of a century during which Homœopathy has been "on trial" before the world, and assumes that during that time Homœopathy has been tested and investigated by the great body of physicians who have professed to practice its principles, and that "whatever is true in Homœopathy, whatever has stood the test of modern scientific thought and experiment is gradually being accepted by the medical profession in general. And what is fanciful and false has been, or is being, rejected by the homœopathic school itself."

Looking in the direction that Dr. Searle points, and considering with him this same "no small portion of the history of medicine," it is a little difficult to perceive that the great body of the advocates of the law of the similars have made any serious investigation of the merits of that law or have in any way been instrumental in separating the truth from the error.

There are several classes of men who have come into the school and assumed to practice its tenets, but the results of the work of the majority of them are anything but satisfactory,



anything but conclusive to those who wish to know what truth there be in the method of Hahnemann.

One class, and a very large one, came into the homœopathic school, not because they were convinced that there was something radically wrong in the treatment of the dominant school; that Homœopathy represented a reform in medical practice; that it meant a genuine and momentous discovery for the good of mankind. They came because they were attracted by the pecuniary success of the old masters in Homœopathy, who made themselves celebrated by their marvelous homœopathic cures, brought Homœopathy forward and compelled the attention of the medical world to its claims, and incidentally, therefore, created a *trade name* of high commercial value and with the added advantage of less competition. It was this *trade name* that this class of men embraced, of course with the hope of pecuniary gain, not the distinctive principles themselves. As their minds had not previously been prepared for the principles, they were not likely to accept them, when by assuming the name of homœopathic practitioners, they were confronted with them. On the contrary, they did not hesitate to deny them and to combat them with as much virulence as the bitterest enemies of the reigning school, and openly to practice old-school methods which they asserted were homœopathic. Hence we have the remarkable phenomenon of a set of doctors vigorously denying and denouncing the principles they professed to believe were the best adapted to relieve the distresses of disease, to the scandal of the laity, and to the merriment of our enemies in the old school, who did not hesitate to use it as an argument against Homœopathy in general.

It cannot be possible that the judgment of *this* class shall be taken as to what is true or false in Homœopathy.

Another class whose numbers contribute to make up the great majority who nominally practice Homœopathy are the graduates of homœopathic colleges. However well prepared they may be upon the ologies, specialties, and general therapeutic measures of the old school freely taught as a part of a "liberal medical education" by these colleges, they have yet but

scant training in the "method" of Homœopathy. Some of these men have not even heard of *The Organon*, or they know it only in a vague sort of way without any comprehension of its deep significance. They have, in fact, been *deprived* of it during their student life, there having been a settled policy on the part of many professors to avoid giving any instruction in its pages. This policy has been defended by quoting the well-known saying: "*The Organon* should be read not perhaps by the student, but by the educated earnest practitioner." A remark so hypocritical, so crafty, at once excites surprise and invites inquiry into the motives of the originator. It certainly justifies the belief that the intention was to prevent graduates from making any attempt to put homœopathic principles into actual use. The practical result of it has been, as just stated, to organize an army of doctors whose ideas of Homœopathy were quite vague and who will be found to harbor a latent hostility to it.

It cannot be possible that the judgment of *this* class shall be taken as to what is true or false in Homœopathy.

Another class to be considered. They are average practitioners, graduates of homœopathic colleges, with little confidence in themselves, who, whenever they meet with a case which is difficult, at once call in the aid of some one of the professors of their *Alma Mater*. It has been alleged of one or two colleges that the professors will not permit the education of the students to pass a certain point, as it is desired to keep them in a state of dependence upon the *Alma Mater* that, by the frequent consultations with the professors, an increase of practice and prestige may be enjoyed by the latter, and of course an increase of income. However this may be, there is such a class, and it helps to swell the majority assuming to practice Homœopathy.

It cannot be possible that the judgment of *this* class shall be taken as to what is true or false in Homœopathy.

Finally, we have the class of the distinguished men of the school. Men who have, by their energy, their industry, the tenacity of their opinions, the boldness and aggressiveness with

which they have asserted these opinions, and the brilliancy of their writings, become advanced to the front ranks of the profession. Men who are looked up to by the great majority as leaders in the thought of the school. Men who are considered as authorities, and have in consequence crystallized that thought into the views referred to by Dr. Searle as the accepted sentiment of the school.

Yet this class is responsible for the state of opinion prevailing in the classes previously considered. Thus, one distinguished veteran of this class, in a celebrated article written some years ago, and now freely quoted by Dr. Searle, gives a series of conditions in which Homœopathy is of no avail in therapeutics. By the method of exclusion he finds that Homœopathy is of no use in this condition and that, and so he relegates the law of the similars to an obscure corner by which it is rendered inoperative in all but a very few cases. By thus limiting the field of its usefulness, he opens wide the entrance to the practices of the old school which homœopathists are understood to have abandoned for a more enlightened method.

Another distinguished writer has classed Hahnemann's writings under two great heads: the *certis* and the *dubiis*.

The *certis* consists of the formula *Similia Similibus Curantur*, which, according to this writer, is not a law, but a good rule which may or may not be used at the practitioner's convenience or caprice. The *dubiis* includes everything else that Hahnemann wrote. Here again Homœopathy is crowded into a corner and the door opened wide for the use of old-school methods under the homœopathic name. Both these writings are indeed nothing else than rational pleas to justify these departures from homœopathic "methods." Both writings have been seized upon by acute and implacable enemies in the old school for sharp and derisive articles against Homœopathy and impugning the sincerity of its advocates.

The most clever essays against Homœopathy have been written by physicians of the regular school who have been bright enough to scan the literature of our school for articles like the two just referred to, and then to quote them against us. Such



arguments are all but unanswerable, and have a large influence in hindering the development of the school, in discouraging any inquiring mind from investigating the truth in the new-school principles, because our own disciples practically tell them "there's nothing in it."

These homœopathic authors, writing in this objectionable way, have simply followed the methods of the philosophers of the past age, who depended for their scientific views upon *à priori* reasoning, instead of the inductive results of experiment.

Looking backward over the history of physical science, the distinguishing difference between the philosophers antedating Sir Isaac Newton on the one hand, and that distinguished man and those who followed him on the other, was this very thing of the use of experiment to get a correct scientific horizon and the avoidance of pure reasoning, which, in the absence of experiment, was bound to lead to error. In short, it was the introduction of the *inductive method* that sent physical science forward with such giant strides. The only class of thinkers who lagged behind and failed to avail themselves of the inductive method was the medical profession. Suddenly Hahnemann stepped out from among them and personally pursued the experimental method after the manner of the physicists, and contemporaneously, too, with a group of the most distinguished of them who made memorable the first quarter of the present century. Hahnemann's reward was the same as theirs—a grand discovery.

The distinguished authors of whom we complain do not appear to have adopted this experimental mode. Like the ancient philosophers, they seem to have resorted to pure reasoning, with the result of finding Hahnemann's teachings for all practical purposes a fallacy.

Now, how can the judgment of the gentlemen of this class, who, notwithstanding their attainments have made such signal mistakes, be accepted as to what is true or false in Homœopathy?

The merits of the majority professing to practice Homœopathy being thus considered, what of the minority? Who are



they? A small band of devoted followers of Hahnemann, stigmatized variously as "enthusiasts," "transcendentalists," "Hahnemanniacs," etc., who faithfully apply the Hahnemannian principles to every case that comes under their notice; strictly follow the teachings of *The Organon*, carefully watch the results and record them, and when baffled by failure seek the error which caused the failure. The testimony so accumulated will sooner or later form a mass of evidence that will establish the truth of Homœopathy or prove it an error. This step-by-step process is the only way in which the truth will be established. It is the way in which the truths of the collateral sciences have been established and their errors eliminated. Without it Homœopathy will never progress, doubt of there being any truth at all in it will continue to hang over it, scientific men will refuse to investigate it, and humanity will continue to endure much suffering which could be annihilated.

Whilst Homœopathy is enduring this hindrance, the dominant school is gradually approaching the homœopathic point of view; not, as intimated by Dr. Searle, through adoption of the views of the majority in our school, for they scornfully reject the teachings to which we have alluded, and make fun of them, but by the slow process of evolution. It would not be too extravagant to expect to behold the curious phenomenon of the two schools exchanging places, the old school becoming ardent homœopaths, the new school taking the rational ground of the allopathic school.

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### ONOSMODIUM VIRGINIANUM.\*

W. A. YINGLING, M. D., NONCHALANTA, KAN.

To the homœopathic physician a new remedy, well-proven, is an acquisition of greater importance than honor or wealth, for his sole duty being to relieve the sufferings of humanity, he acquires a new tool with which to accomplish his work. To the degree that the new remedy has peculiar characteristics its

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\* Prepared for the Kansas State Homœopathic Society.

value is enhanced, to the extent that the pathogenetic effects are different from every other drug its usefulness becomes the more apparent. Generalities constitute a poor basis upon which to prescribe. Peculiarities, the unusual symptoms, give certainty and assurance in every prescription.

We have in *Onosmodium* a remedy with some peculiarities, and occupying a sphere unique, a curative range differing from that of every other drug. The remedy holds within its grasp the power to restore peace to the disrupted family, and to prevent the truant husband seeking the sweets of "stolen waters" by restoring the wife to the enjoyable performance of her wifely functions, and thus gratifying the dissatisfied husband. This generation of one-child families, Malthusian, with the long train of misery entailed upon the licensed family, adultery consequent upon preventive measures, *malum in se*, has its remedy in *Onosmodium* to a very large extent.

We pass to consider the more important pathogenesis of the remedy in regular course. A great part of this paper is necessarily based upon the notes of the original author, Dr. W. E. Green, with some isolated symptoms from the journals and my own experience.

We find marked in the mental sphere a DROWSINESS OF MIND and CONFUSION OF THOUGHT, DULLNESS OF INTELLIGENCE, a DAZED feeling of the mind. The party wants to think and not move, so absorbed in thought as to forget all else and where she is. There is a *complete listlessness and apathy* of the mind; she cannot *concentrate* her thoughts. From this want of concentration there follows an impairment of the memory, *she cannot remember what is said*. In conversation she will forget the subject, will begin a new one, and then suddenly change to another. There is great *confusion of ideas*. This listlessness is so great as to cause forgetfulness of what one is reading, or that one is reading at all; the book drops in vague and listless thought. The time passes too slowly, and minutes seem like hours. There is great irritability of temper.

There is a continuous and ever-present feeling of heaviness of the head. PAINS IN THE LEFT SIDE OF THE HEAD and

over the left eye, extending round the left side to the back of the head and neck, greatly aggravated by moving or jarring. Intense pain driving her to bed; relieved by sleep, but soon returning after waking. There is a constant dull headache, chiefly centered over the left eye and in the left temple; always worse in the dark and when lying down. Here we have a contradictory symptom—always worse lying down. The general symptoms are ameliorated by lying down. This peculiar feature is also seen in some of the polycrests. *Bryonia-alb.* has a "pain and pressure in the shoulder when at rest." *Rhus-tox.* has a "stiff neck, with painful tension when moving;" *Arsenicum-alb.* has a headache relieved by cold water.

*Onosmodium* has a DULL, HEAVY PAIN IN THE occiput pressing upward WITH A DIZZY SENSATION. Pain changing from the right frontal eminence to the left and remaining there. Darting and throbbing in the left temple. A dull pain in the mastoid process. She cannot bear to move. A sense of fullness in the head. Relieved by eating and sleep.

The eyes are HEAVY AND DULL; the eyes feel as though one had lost a great deal of sleep. The lids are heavy. The eyeballs have a *dull, heavy pain with soreness*. A sensation of the eyes being very wide open, with a desire to look at distinct objects, it being disagreeable to look at near objects. Distant objects look very large. *Picric-acid* patients can only see clearly at very close range, often at only five inches from the eye; *Natrum-sulph.* has impairment of vision for distant objects. With *Onosmodium* the ocular muscles feel tense, tired, and drawn. Pains in and over left eye. Pain in upper portion of left orbit, with a feeling of expansion. The vision is impaired and blurred.

The hearing is impaired. There is a stuffed-full feeling in the ears as after catching cold. Singing in the ears as from Quinine, but very slight.

The NOSE FEELS DRY. There is a stuffed feeling in the posterior nares. The discharge from the posterior nose is whitish and sticky, producing a constant hawking. Constant sneezing in the morning; sneezing when first getting up. The bones of the nose pain.



Flushed face, with relief from the headache. That dry feeling of the nose is also present in the mouth and lips. Bitter, clammy taste in the mouth. Saliva is very scant, with the dry feeling in the mouth; cold water relieves. Sore throat. It hurts to swallow or speak. That dryness follows down the throat and *pharynx*, and is accompanied with *severe soreness*. Raw, scraping feeling in the throat. When swallowing the *pharynx* feels constricted. All the throat symptoms are relieved by cold drinks and by eating. The voice is husky. The chest feels sore.

Morning sickness like that of pregnancy. Distaste for water, yet there is a *craving for ice water and cold drinks; wants to drink often*. The abdomen *feels bloated* and distended, which is relieved by undressing. The pains in the lower part of the abdomen are also relieved by undressing or by lying on the back. This amelioration from undressing is observed to run through all the symptoms of the drug. A constant feeling as though diarrhœa would come on.

The stools are yellow, mushy, or greenish-yellow, stringy, mushy, with tenesmus. Also slimy, bloody, stringy stool with tenesmus. The provers were hurried out of bed in the morning to stool.

The urine is scanty, highly colored, dark straw and brown, very acid, and of high specific gravity. The desire is seldom, or else frequent, with scanty flow.

In regard to the sexual organs we quote from that racy writer, Dr. S. A. Jones, who says: "*Onosmodium virginianum* in its primary action seems directly opposite to *Picric-acid*. Perhaps provings of it with smaller doses will oblige me to change this *dictum*. If they do not, then *Onosmodium* will occupy the singular position of a remedy that *primarily depresses the sexual appetite*. If this should ultimately prove to be the case, it will invest this remedy with an unmistakable significance to physicians who are practicing at the *tail end* of the nineteenth century, for, from our habits of life, it is the *end* that is showing signs of distress. In estimating the validity of this suggestion, the reader will bear in mind Hahnemann's



*dictum* that only the primary symptoms of a drug afford the indications for its therapeutical application. This is a canon of Hahnemannian Homœopathy, and it is true as regards the infinitesimal dose. Then, this being true (for I will not stop to discuss it), *Picric-acid* will be indicated for the initial stage of sexual debility, and *Onosmodium* for the fully developed consequences of sexual abuse; and this, because the said 'initial stage' is characterized by erethism while the ulterior consequences are denoted by atony and asthenia. The erethism of sexual debility is plainly evinced in *Picric-acid*, and the ultimate asthenia is as really discovered in *Onosmodium virginianum*."

In the male we find diminished sexual desire. Cold feeling in the glans penis. Nocturnal emissions. Too speedy emissions. Deficient erections with diminished pleasure.

In the female we find SEVERE UTERINE PAINS. BEARING-DOWN PAINS IN THE UTERINE REGION. Uterine cramps. Soreness in region of uterus, increased by pressure of the hand or of the clothing; had to remove the corset. Return of old uterine pains. Dull, heavy aching, and slowly pulsating pains in the ovaries. Pains pass from one ovary to the other and leave a soreness which remains till the pain returns. Ovarian pains increased by pressure. SEXUAL DESIRE COMPLETELY DESTROYED. This symptom I have verified a number of times, and in every case the parties prevented conception. The uterine pains are all better when undressed or lying on the back. Constant feeling as though the menses would appear. Menses early and profuse, but otherwise normal so far as known. Leucorrhœa light yellowish, slightly offensive and excoriating; profuse, running down the legs. Itching of the vulva aggravated by scratching and from the leucorrhœal discharge. Aching in both breasts, but worse in the left. Breasts feel swollen and engorged. Left breast feels bruised and painful on pressure. Nipples itch. In one case where this remedy was given for dryness of the nose and throat, the diminutive, almost absent, breasts were restored to their pristine glory, and resulted in the displacement of the cotton batting pads to the exceeding joy and delight of the proud woman.

*Pains in the neck*, running back from the forehead. *Dull aching in the neck*. Bearing-down pain in the lumbar region. Dull, aching pain in the lumbar region. In the female provers there was produced a pain over the crest of the left ilium. **TIRED, WEARY, AND NUMB FEELING IN THE LEGS AND POPLITEAL SPACES. FEELING OF NUMBNESS, MOSTLY BELOW THE KNEES.** The legs feel as if they were partially anæsthetized. The tendons and joints of the knees have a dull, aching pain. Tremulousness of the legs. **DISTURBANCE OF THE GAIT IN WALKING, WITH A SENSE OF INSECURITY IN STEP. STAGGERING GAIT**, *he cannot keep in the walk*. The sidewalks seem too high; he must step high which jars him and greatly aggravates the headache. Dull, heavy pain in the instep of the left foot. Numb, tingling pain in the outer side of both little toes. **THE LEGS FEEL TIRED**, *as though they would not sustain the weight of the body*. Sensation of formication in the calves of the legs. Ankles swollen.

*Pain in the left scapular region*, confined to a small spot. *Fluoric-acid* and *Lilium-tig.* have pain confined to a small spot in any location, while *Oxalic-acid* has a pain confined to small longitudinal spots. *Magnesia-phos.* has a sharp, burning pain, about an inch in diameter, under the border of the left scapula, as from a hot iron (see also *Phos.*); with *Onosmodium* there is a dull, aching pain in the biceps muscle, also a pain of like nature in the elbow joint and wrists. *The arms and hands feel tired and weak*; they tremble. Inability to co-ordinate the muscular movements of the arms. Pain in the phalangeal articulation.

The aggravations are generally from motion or jarring; from pressure or tightness of clothing.

The ameliorations are peculiar and marked. Better when quiet, *when lying down on the back, when undressed*, when in the open air, from sleep, *from cold drinks, from eating*.

In the generalities we find great **MUSCULAR WEAKNESS OR PROSTRATION AND TIRED FEELING OVER THE ENTIRE BODY.** A feeling as though one had just gotten up from a severe spell of sickness. Nervous trembling as if from hunger. The least

exertion produces a tremulousness. *The muscles feel treacherous and unsteady as though one did not dare to trust them.* A desire to change position without any definite cause or reason, and without any change for the better or worse. Later in the proving there was a desire to lie down and be quiet, with a drowsy, sleepy feeling. *A sensation as if a chill would come on ; a tired, aching, stretching, gaping, disagreeable feeling.* All sensations are worse in the left side.

In my own experience I have used the remedy from the mother tincture up. I got no results from the tincture. Hardly any from the 30th, but a marked, decided, and very rapid action from the CM. I use nothing lower than the CM, and prefer the higher.

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### CURIOUS CASE OF DOUBLE AND ECCENTRIC VISION—CURED BY TWO DOSES OF SULPHUR CM (F. C.).

THOMAS SKINNER, M. D., LONDON.

Mr. E. H., a Swiss merchant, living in London, consulted me on the 18th of February, 1893. The gentleman is a famous amateur billiard player, and spends most of his evenings at home playing billiards with his brother and friends.

He complains much of his *left* eye, having for about three years seen double with it, on and off. At times—say when playing billiards—he feels as if there were something in the left eye, and when looking at the three balls on the table, if standing erect, he sees them all in their exact relative positions, but as soon as he takes his cue and stoops to play a cannon or pocket a ball, the ball he is going to cannon off, moves, or to his vision seems to move, in line with the other ball he means to cannon off. Of course, when this occurs, and it has occurred alas, too often of late, billiards, so far as my patient is concerned, is out of the question. On again standing erect he sees the relative position of the balls as they should be. In his own words : “The change of position of the ball takes place only when I stoop to use my cue in playing the cannon.”







Sinking at eleven A. M. gone. Much belching then instead. S. L. *ad libitum*.

June 5th, 1893.—Since early in April my patient is quite well, and he has not felt so fit and well for years before, and this is the result of constitutional treatment *versus* local measures. Suppressed discharge. *Sulphur to the rescue*.

## GLEANINGS.

F. H. LUTZE, M. D., BROOKLYN, N. Y.

During the past few years I have made it a practice to copy whatever peculiar symptoms I saw in the journals and place them in my *Repertory* or *Materia Medica*, where I could readily refer to them when I wished to do so. On looking them over lately I thought the collection valuable enough to offer them to the profession in general, and the result is before you.

It would have been a pleasure to give with each symptom the name of the author from whose article the same had been taken, but as they were copied and written where they would do the most good for myself without any thought of ever publishing them, this is not now possible. In general I may say, however, that nearly all were copied either from the *Medical Advance* or THE HOMŒOPATHIC PHYSICIAN.

## MIND.

Affection of friends, thinks she has lost it. Aurum, Hura.

Despised, thinks he is. Argent-nitr., Lac-can.

Mania acute, produced sooner or later by injuries to brain; satiety of life, must use great self-control to prevent shooting himself. Natr-sulph.

Snakes on back, thinks there are; is frightened and sick. Lac-can.

Strikes forehead with hands. Ars.

— head against wall or floor. Rhus.

Memory defective, has to read it several times to comprehend

it. Ambra. (Alumina, Aurum, Carb-v., Lycopod., Rhus-t., Veratr, Zinc).

Memory, remembers easy what he reads. Anacard.

Fear, trembling, restlessness, prostration, cold sweat when about to make a journey or undertaking anything. Ars.

Relaxation, mental and physical ; don't want to be spoken to ; desires to be alone ; lack of mental and physical courage ; afraid to appear in public, as to speak or sing. Gels.

Stupor, goes into a, while answering. Baptisia.

— patient answers questions correctly then lapses into a stupor. Arn.

— — passes into a stupor from which it is impossible to arouse him, so profound ; pinched countenance. Opium.

Sees words when reading, but cannot attach any meaning to them. Ignat.

Fear of people, likes to be alone. Iod.

Mental depression, as if a cloud had settled over patient ; distressed and suspicious without cause. Cimicifuga.

Fright recent, causing hemorrhage. Opium.

Cross and irritable like. Cham., Rumex.

Mad, raving, tearing, and swearing. Valeriana (differs in this from Puls. which is mild and tearful).

Visions on closing eyes. Argent-nit., Bell., Bry., Calc-c., Chin., Ignat., Thuja.

Patient answers very slowly, comprehension sluggish. Sulph.

Mania from injuries to brain ; drawing back of neck ; spasms of back ; melancholia, wants to shoot himself ; mental irritability and gloom ; violent crushing and gnawing pains at base of brain, as if a dog was gnawing there ; sadness and delirium ; congestion to head. Natr-sulph.

Fright from report of a gun or thunder. Borax.

### SENSORIUM.

Sensation of liquids being forced through longitudinal sinus, pressure grows so severe as to produce anxiety, perspiration, and red face ; pressure from forehead to vertex. Glonoin.

Sensation as if liquids were moving up and down the thigh, or any other part of body ; no pain. Opium.

— — — a fluid were injected paroxysmally in a small blood-vessel, with violent, raging pain from right eye to temporal bone or any other part of body. Cocc-cact.

Vertigo on closing eyes, ceases on opening them. Thuja.

— when urinating only. Hyperic.

— with sensation as waking up.

— everything turns in a circle. Sabadil.

— in air. Merc-iod-flav.

— as if turning in a circle. Argent-nit.

Ants running through body, sensation of ; evenings, when lying down, then difficult breathing, is obliged to get up and open window, better fresh air but immediately on lying down the sensations return again. Cann-ind.

Dizzy, the child is, when carried by nurse, seizes hold of nurse, fearing to fall. Gels.

— child seizes hold of nurse, when being lowered in bed. Borax.

Child seizes hold of nurse for fear of being separated. Cuprum.

Answers questions correctly and lapses into a stupor. Arn., Hyos.

Answering, while, goes into a stupor. Baptis.

Stupor profound, impossible to arouse ; pinched countenance ; involuntary urine and stool ; carphalugia, sliding down in bed. Hyos.

Sensation of a ball in inner parts. Ignatia.

Vertigo on turning to the left, and nausea, a fainty sickness. Iod.

Ball, sensation of, in inner parts. Ignat.

— — — bladder. Lachesis.

Sensation of numbness in outer, and constriction in inner parts. Opium.

— as if parts would burst. Ran-bulb.

— of a tight band around the head and forehead, as if hat were too tight ; has to remove it often, but it does not improve it. Sarsap.

Rubs the forehead. Veratr-alb.

Syphilitic destruction of bones of forehead. Aurum.

Headache. Begins morning soon after rising, in forehead ; better from pressure of hand. Cinnabar.

— with vomiting, nausea, and high fever. Veratr-vir.

— in small spot over right eye ; becomes red and sore ; better from hard pressure. Sanguinaria.

— worse jar, noise, moving ; pain extends to eyeball ; pillow feels hard as a stone. Arnica.

— frontal, with cold sensation, as if cold wind was blowing upon it. Laurocer.

— going to side lain on. Puls., Phos-ac., Calc-ars., Bry.

— aching, severe in left mastoid process, extending upward and downward on moving head. Calc-c.

— better from a thin stool. Æthus., Agar., Corn-c., Lachn., Oxal-ac.

— better from copious flow of urine. Gels.

— on awaking ; better after stool. Ptelea.

— undulating mornings. Hip.

— — evenings. Sulph.

— with intense bruised feeling of eyeballs, and abdominal pains. Chionanthus.

— in winter, diarrhoea in summer. Aloe.

— sick, on left side, face pale on that side ; constriction of chest and throat. Laches., Amyl-nitros.

— from riding on the cars. Arnica.

— in temples and eyes ; better cold ; face blue, bloated, eyes turgescd. Bry.

— worse cold. Rhus.

— better lying with head low. Calc-c.

— — — raised. China.

— from overlifting or loss of breakfast. Calc-c.

— pain seats itself in forepart of head on drinking water, and extends into nose. Digit.

— better from slight motion. Ferr-acet.

— violent day and night ; worse during scanty sweat ; bitter taste ; aching in bones as if they would break ; yellow,



dry skin; vomiting of bile (malarial headache). *Eupator-perf.*

Headache preceded by blindness; on right side of forehead, throbs with nausea; worse evening, cold air, coughing, rest; better by moderate motion. *Gels.* And profuse discharge of limpid urine. *Gels.*

— pain goes around to back of head, preceded by appearance of a zigzag wheel before the eyes, with play of colors, numbing the intellect. *Ignat.*

— begins with a blur before the eyes; sick headache every eighth day; sharp, cutting pains, change location often. *Iris-vers.*

— sick; giddiness, vertigo, and vomiting, semicircular and backward movements, rolling over on axis of body. *Coccul.*

— white, glittering zigzags, serpentine; white glittering at side of visual field, after dinner hyperæsthesia of emotions and special senses, difficulty of thinking and speaking, emotional disturbance, worse from emotion (*Clavus*), better voiding a quantity of limpid urine. *Ignat.*

— more vertigo, then *Ignatia*, as much hyperæsthesia, less emotional excitement, disturbed temper; cause, error in diet. *Nux-v.*

— flickering roses or round spots before the eyes, vertigo, severe and lasting vomiting, slow pulse, pale face, contracted arteries. *Digital.*

— obscuration of sight, flickering before the eyes, headache for two days, less on third day, disappears on fourth day; a luminous ball or dark disk pierced by brilliant lightning; vertigo, mental confusion with menstrual derangements, blind headache. *Cyclamen.*

— sick with blur or misty vapors before the eyes. *Iris-vers.*

— sick. *Bell., Calc-c., Coccul., Ignat., Nux-v., Digit., Cyclamen, Iris-vers., Sepia, Sanguinar., Silicea, Stannum, Paris-quad., Strontia, Zinc, Sulph.*

— sees a white star as large as a plate, on looking up (to ceiling) and white, silvery clouds pass over it. *Bell.*

Headache, nervous of women. Silicea, Menyanthes, Parisquad., Strontiana.

— pain ascends from nape of neck to vertex, and thence to supraorbital region; worse, noise, motion, or concussion; better, wrapping head up warmly. Silicea.

— pain ascends from nape of neck over head, it is a bursting pain as if the membranes of the brain were tense, and bursting the skull open; better from pressure. Menyanthes.

— pain ascends from nape of neck overhead, which feels as if immensely large. Parisquad.

— — — — — spreads over head, begins lightly, increases gradually to its greatest intensity, and gradually decreases (Stannum); better wrapping head up warmly. Stontia.

— from loss of breakfast. Calc-c.

— of school girls. Calc-phos., Natr-m., Phos-ac.

Hæmicrania, left side; worse after sleep in the daytime, worse evenings; in paroxysms, severe nausea; worse from constipation, out-door exercise, riding; must keep perfectly quiet. Nux-v.

— as if cord were attached to left eye, drawing it back into head. Parisquad.

Headache on arising or waking; head is dizzy; heavy and aches, as if he had lain with head too low every morning; can't think; headache, partly dull (empty), partly pressing; a lurching in the head or tearing; worse motion; compressive headache day after day. Phos.

— with hunger. Psorinum, Phos.

— like hammers striking the head from within outward. Psor. (Calc-c., Natr-mur.)

— and vertigo; worse looking fixedly at, or thinking of, a subject. Sabad.

— every seventh day. Sabad., Silicea, Sulph.

Head, want of power to hold up the head. Æthus.

Hydrocephalus, arms below elbows become deathly cold. Arnica.

Throbbing through temples after loss of blood. China.

Pressure in head and oppressive as if apoplexy threatened; better walking. Colch.

Head feels pithy, like cork, and seems to patient to be elongated upward. Graph.

Rolling the head. Helleb., Hyos., Podoph.

Headache from both temples to base of brain ; worse from heat ; vertex itches during attacks ; pain compels her to move about, but motion does not relieve ; cold perspiration. Veratr.-alb.

Head, congestion to, chest and arms, with cold feet, is obliged to move them constantly. Lil-tig.

#### SCALP.

Hair falling out. Aloe, Amm-m., Vinca.

— — — head sore on right side. Amber-gris.

— — — in lumps, leaves bare patches, frontal headache.

Aloe.

— — — which looks dead ; large accumulation of bran-like scales ; great itching of scalp. Amm-m.

— — — bald patches at or near forehead ; scalp covered with dry scabs or scales. Ars.

— — — after severe illness or confinement. Carb-v.

— — — with itching of the head ; the new hair is dry and breaks. Fluor-ac.

— — — dry hair ; rapidly, with much dandruff. Kali-carb.

— — — in circular spots ; bald spots behind ears. Phos.

— — — in single spots, and white hair grows there ; spots on head oozing moisture ; hair matting together. Vinca-minor.

Scalp : hair tangles easy, like a rat's nest, from scalp to tip. Psorin.

— — — — tips only. Borax.

#### A CASE OF AUTO-ISOPATHY.

TRANSLATED BY A. McNEIL, M. D., SAN FRANCISCO, CAL.

As a sequel of the case reported in the *Allg. Hom. Zeitung*, Nos. 5 and 6 of the present volume, I report this one :

B. K., æt. aged seventy years, an old lady of this place, was

treated in the past year by an allopathic physician who diagnosed her case as incipient tuberculosis.

May 15th, 1891, she came under my treatment with symptoms of influenza which was at the time epidemic here. Physical examination showed in the upper lobe of the right lung and in the apex extensive, coarse bronchial *râles*; in the left lung this condition was less clearly marked; respiration weak, in spots bronchial breathing; in both upper lobes amphoric resonance of the respiration. Percussion revealed in both apices anterior dull sounds and in the upper lobes empty ones. Posteriorly in the upper portion tympanitic in places. The febrile movements often exacerbated to 39 and 40 C. (102.2 to 104 F.). Pulse 106 to 112, night-sweats. Cough not very severe, sputa purely purulent, in balls, *sputa criticu-sputa cocta*, *sputum nummulare*. Stools thin. Rapid sinking of the bodily strength, great emaciation. The treatment was that of Dr. Weihe's method at first, and her condition vacillated between improvement and a standstill until June 6th, when her case threatened to become phthisis florida.

June 6th, I began auto-isopathic treatment, giving her the 100th potency (prepared in the decimal scale up to the 50th and then the centesimal) one drop in 100 *aqua dist.*, a teaspoonful four times a day.

June 7th.—General condition already somewhat better; sleep tolerable, with but few interruptions by cough, fever less, pulse stronger.

June 8th.—*Râles* decreased; respiration in the upper portion of the lungs, especially the right, more vesicular, dullness not so marked.

June 9th to 12th.—No change.

June 13th.—The patient says that she perceives an actual improvement, and has regained hope of recovery.

June 16th.—Respiration in the apices and upper portions of the lungs regains the vesicular character; dullness is disappearing, although still in the upper posterior region somewhat tympanitic; double sounds (?).

June 16th to 18th.—*Status idem*.



June 19th.—No fever, no night-sweats; expectoration more mucoid; strength increasing; feels well.

June 21st.—Physical examination shows a few dry, fine râles; dullness is gone; percussion sounds correspond closely to the normal. But little cough, expectoration still somewhat mucopurulent. Auto-Ison.<sup>ee</sup> (the potentized morbid product from patient) in *aqua dist.*, a teaspoonful three times a day.

I could not send a specimen of her sputa to Dr. Haupt of Chemnitz, specialist in the examination of sputum, in order to discover if bacilla of tuberculosis, as my patient absolutely refused to have it sent. So that there is a possibility that the case may be one of a chronic catarrhal pneumonia, which had become tuberculous.

A few days afterward my patient walked out on sunny days; her strength increased perceptibly, notwithstanding her great age. She feels well and healthy and goes out daily. Since then she has remained healthy and is cheerful.

The most prejudiced skeptic must feel that auto-isopathy is a fact which in the most desperate cases may cause much comfort, and a refusal to test it, even in very far advanced cases, in the face of such facts must be indorsed as inhumane.

In reference to the case of "Fr. Sch." in the *Allg. Hom. Zeitung*, Nos. 5 and 6 of this volume, in which the tubercular bacillus was not discovered, I still believe that if the sputum had been investigated according to the proper mode of conducting bacteriological examinations that the bacillus would have been found, and I, therefore, persist in the view that the case was tuberculous. The examination of the sputum had been conducted by a pharmacist of this city, who is a microscopist in other branches than bacteriology. He had not had the necessary practice, so he himself acknowledged.

DR. MED. BUOB.

FRUIDENSTADT, Sept., 1892.

## PROVINGS AND CLINICAL OBSERVATIONS WITH HIGH POTENCIES.

MALCOLM MACFARLAN, M. D., PHILADELPHIA.

PIX-LIQUID.<sup>5C</sup>.

Dull headache with soreness of scalp, left side mostly affected.

PLANTAGO-MINOR.<sup>5C</sup>.

Extreme soreness and throbbing on top of the head; scalp so sensitive it is painful to use a comb.

PSORIN<sup>42M</sup>.

Aching mostly in the *back of her head*.

PSORINUM<sup>42M</sup>.

Severe, dull pain all over his head.

PHYTOLACCA-DEC.<sup>47M</sup>.

Dull pain across forehead.

PLANTAGO-MIN.<sup>11C</sup>.

Stiff neck, very painful on motion; aching severe; sharp pain through the head, just above the ears, leaves great soreness when it passes away; some pain in the forehead; feeling of heat in head.

PETROL<sup>CM</sup>.

Back and top of her head pains her; pounding sensation through the head in front of her ears and above them.

RHUS-TOX.<sup>105M</sup>.

Has cured many cases of *porrigo* or scald head in children, the eruption filling up the scalp and extending in some cases to the shoulders, discharge from the ears in several cases.

SAP-SODA<sup>2C</sup>.

Dull pain in forehead ; slight aching over whole head.

SALVIA-OFF.<sup>5C</sup>.

*Giddiness* ; aggravated by looking downward.

SAMBUCUS-NIG.<sup>45M</sup>.

Frontal headache with symptoms of a bad cold. It is believed that in one case, when the remedy was given for a long time, it produced symptoms similar to facial erysipelas, affecting mostly the left side.

SARRACENIA-PURP.<sup>2M</sup>.

*Light-headed or giddy.*

SEPIA<sup>2M</sup>.

Severe pains in top and back of his head.

SECALE-CORN.<sup>95M</sup>.

Continuous supra-orbital headache ; this symptom developed after proving the remedy a week.

SERPENTARIA<sup>5C</sup>.

Quite dizzy and weak ; feels as if she would fall at times, unless she could get hold of some object.

SULPHUR<sup>CM</sup>.

After trial of many remedies, Bell., Hyosc., Zinc, and Hellebore, none have had the uniformly good effect of Sulphur in relieving chronic cerebral congestion. *Brain fever of children* ; vivid, frightening dreams ; starting in sleep ; disposition to delirium ; night terrors.

SYMPHYTUM-OFF.<sup>15C</sup>.

General throbbing headache, all over the head ; back, top, and frontal region.

TEREBINTH<sup>17M</sup>.

Symptoms of a common cold in the head ; ringing in ears.

TARAXACUM<sup>67M</sup>,

Sensation of great heat on top of head.

Sterno-mastoid muscle, very painful to touch in two provers; crampy pains in different parts of the body; cramp in the left sterno-mastoid muscles; causes him to incline his head for a day or two.

TRIFOLIUM-PRAT.<sup>10M</sup>.

*Headache* over both eyes relieved by heat and friction.

TELLURIUM<sup>5C</sup>.

Quickly cured neuralgia of the side of face and head, affecting the fifth pair of nerves; often verified.

TRIF-ALB.<sup>1M</sup>.

Head giddy, with sense of fullness; face flushed.

UVA-URSI<sup>10M</sup>.

Symptoms of cold in head or general cold.

WOORARI<sup>90M</sup>.

Hammering sensation within the head.

## EYES.

ALETRIS<sup>45M</sup>.

Lids inflamed; eyes water.

APIUM<sup>69M</sup>.

Sensation as if sand were in the eyes; lids slightly red.

ARSENIC<sup>6M</sup>.

Vision blurred; eyes not much inflamed; no lachrymation; highly curative in *scrofulous ophthalmia* and *ophthalmia tarsi*, where the disease is communicated, particularly in children, frequently verified this. Photophobia is a marked symptom when Arsenic cures.

Given to those having conjunctivitis it produces great *intoler-*



*ance of sunlight* when photophobia was not previously a prominent symptom.

ARUM-TRIF.<sup>16M</sup>.

Eyes dim, water readily.

ANTIMONY-CRUD.<sup>6M</sup>.

Lids inflamed; water a great deal; eyelids feel as if too heavy to keep them open; left eye mostly affected; worse in morning. No disposition to read or use the eyes; intolerance of light.

ATROPINE-SULPHATE<sup>30th</sup>.

Gave immediate and permanent relief in several cases of ulceration of the cornea with photophobia. Severe conjunctivitis and lachrymation.

Found exceedingly useful and curative in severe eye symptoms, threatening blindness, which followed syphilis.

BELL.<sup>101M</sup>.

Caused a burning sensation when given to cases of scrofulous ophthalmia and inflammation of the lids, highly curative in photophobia; given to chronic cases it simplifies them and prepares the way for their speedy cure by other medicines.

BAPTISIA-TINCT.<sup>6M</sup>.

Eye-lids inflamed; photophobia without lacrymation.

CAUST.<sup>30M</sup>.

Profuse lachrymation; light and heat are hurtful.

CINA<sup>12C</sup>.

Twitching of eyelids: disposition to be cross-eyed.

CALEND-OFFIC.<sup>45M</sup>.

Aching in the eyes accompanying the headache.

CANCER-ASTACUS<sup>5C</sup>.

Movement of the eye causes pain.

CANNABIS-SAT.<sup>1M</sup>.

Causes symptoms like acute conjunctivitis.

CORNUS-F.<sup>45M</sup>.

Eyes weak ; left mostly affected ; lachrymation.

CUPRI-ACETAS<sup>45M</sup>.

Often highly curative in serofulous ophthalmia of children when other remedies have been given without benefit.

EUPAT-PERF.<sup>CM</sup>.

Occasional intense sharp pain in the eyes as if they were being pierced.

FLUORIC-ACID<sup>45M</sup>.

Pain in the eyeballs to a slight degree.

GELSEM-NIT.<sup>CM</sup>.

Eyes water and slightly inflamed ; heaviness of the lids.

GRAPH.<sup>CM</sup>.

Margins of the lids inflamed ; itching and soreness of the eyelids externally.

HYPERICUM-PERF.<sup>45M</sup>.

Glands of lids inflamed ; disposition to small styes.

KALI-HYD.<sup>CM</sup>.

With occasionally Merc-cor., cured quickly a case of old serofulous ophthalmia, starch poultices used nightly.

IRIS-VERS.<sup>CM</sup>.

Symptoms of asthenopia, with nausea ; indigestion.

IODINE<sup>17M</sup>.

Dimness of vision ; asthenopia ; slight inflammation of lids.

KALMIA-LATIFOLIA<sup>12C</sup>.

Eyes weak and water a great deal.

LACTUCA-VIR.<sup>5C</sup>.

Pain in the eyelids with slight inflammation ; smarting sensation externally.

MERC-VIV.<sup>101M</sup>.

Highly curative in many cases of chronic ophthalmia ; movements of the eyeball are painful.

MYRICA-CERIF.<sup>45M</sup>.

Blurred vision at times ; appearance as if of a flame before the eyes ; inability to use the eyes well ; over-sensitive retina.

NATRUM-MUR.<sup>CM</sup>.

One the most generally useful remedies in weakness of vision after excesses, illness, and from other causes.

NUX-VOMICA<sup>94M</sup>.

Has been highly curative in serofulous ophthalmia where indigestion is the most pronounced condition ; photophobia. As a rule, the left eye is more quickly helped than the right after giving this remedy.

NITRIC-ACID<sup>5C</sup>.

Eyes weak, water readily ; eyeballs excessively painful and sore to pressure.

OXALIS<sup>1M</sup>.

Blurred vision, attended with excess of tears.

PLANTAGO-MIN.<sup>11C</sup>.

Eyes very weak, can hardly see with them, not inflamed ; sensitive to light.

PLANTAGO-MAJ.<sup>5C</sup>.

Misty vision ; eyes sensitive to light ; no disposition to read.

PSORIN.<sup>42M</sup>.

Eyes much inflamed, left more than right ; supra-orbital pain ; profuse lachrymation ; intolerance of light ; tear sac very sensitive.

PHOSPHORUS<sup>CM</sup>.

Cured scintillations of light; asthenopia; symptoms frequently verified.

PIX-LIQUIDA<sup>5C</sup>.

Itching and burning sensation about the eyelids; fine prickling sensations come and go in the lids.

PHYTOLACCA-DEC.<sup>47M</sup>.

Sharp pains pass through the eyeball on looking at small objects, or straining the vision.

PULSATILLA-PRET.<sup>CM</sup>.

Very efficacious in curing fistula lachrymalis; thick, yellow discharge. Verified this a great many times and with a variety of potencies; a remarkable remedy in this respect.

RANUNCULUS-SCLER.<sup>2M</sup>.

Eyes very weak and water much; lids greatly inflamed.

RANUNCULUS-ACRIS<sup>10M</sup>.

Eyes itchy and light affects them severely; symptoms of catarrhal ophthalmia.

RHUS-TOX.<sup>105M</sup>.

Slight redness of the conjunctiva. Rhus is probably the most curative medicine in severe ciliary pain. A most valuable remedy to subdue inflammatory symptoms following cataract operations or iridectomy. It has often acted like magic. Useful in relieving the pain in glaucoma.

SAP-SODA<sup>2C</sup>.

Dull, heavy pain across the eyes; eyes weak, remarkably so, not inflamed, simply tired or weak.

SANTONINE<sup>6 dec.</sup>.

Cured a great many cases of ulcer of cornea; intolerance of light. Old, obstinate cases of chronic ophthalmia in young



children ; constant lachrymation. The cases do better with a few preliminary doses of Sulphur.

SARRACENIA-PURP.<sup>2M</sup>.

Slight conjunctivitis ; intolerance of light.

SEPIA<sup>45M</sup>.

Produced marked conjunctivitis, which quickly passed away on stopping the medicine.

SECALE-CORN.<sup>96M</sup>.

Pain from forehead to the eyes ; burning sensation in the eyes ; no inflammation ; pain shoots through the eyeball backward.

SPIGELIA<sup>75C</sup>.

Frequently cured involuntary movements of the eyeballs and twitching of eyelids ; disposition to squint.

SULPHUR<sup>CM</sup>.

Highly curative in scrofulous inflammation of lids ; disposition to facial eczema, in children ; it cured two severe cases of amblyopia, one a girl, the other a man ; curative in some cases of diplopia. A great deal of precious time was wasted for patients in finding out that this is one of the most valuable remedies in many forms of chronic inflammation of the lids and cornea.

SULPHATE OF MORPHIA<sup>6 dec.</sup>.

Given every hour for two weeks, produced on third day violent pain through the eyeballs ; dimness of sight ; pupils not dilated, retina undersensitive ; had previously good sight, but could not read ; type became blurred, even when holding reading-matter at the usual proper distance vision was blurred and indistinct. Throat dry and parched ; nausea ; fullness in the forehead ; husky voice.

SPONGIA-TOST.<sup>CM</sup>.

Indistinct and blurred vision because of lid symptoms.

SYMPHYTUM-OFF.<sup>15C</sup>.

Itching of eyelids, disposition to rub them.

TART-ÉMET.<sup>54M</sup>.

Severe inflammation of conjunctiva ; profuse lachrymation.

TRITICUM-REP.<sup>5C</sup>.

Itching of eyelids, with more or less burning and stinging sensation.

TEREBINTH<sup>17M</sup>.

Produced conjunctivitis in a mild form.

TRIFOLIUM-PRET.<sup>10M</sup>.

Eyes watery ; described as weak by prover.

ZINC-SULPH.<sup>5C</sup>.

Curative in chronic conjunctivitis with photophobia. The most remarkable remedy in curing nearly every variety of inflammation of the cornea, whether acute or chronic. Its action is often immediate and permanent.

## EARS.

ARSEN-ACID<sup>6M</sup>.

Irritation in the meatus ; itching, with slight discharge.

APLUM<sup>69M</sup>.

Pain in the inner ear, aggravated by using the jaws.

AILANTHUS<sup>45M</sup>.

Ears very hot, red, itchy, and swollen ; worse at night.

BURSA-PAST.<sup>9M</sup>.

Slight deafness and pain in left ear.

CALENDULA-OFF.<sup>45M</sup>.

Left ear ached much, followed by discharge.

COCHLEARIA-A.<sup>10M</sup>.

Pain in left ear, deep internal aching; worse when she stoops or comes near the range.

GELSEM-NIT.<sup>CM</sup>.

Left ear discharges freely, which it never did before.

GINSENG<sup>46M</sup>.

Ringing in his ears when he had pain in his head.

GUMMI-GUTTI<sup>5C</sup>.

Left ear ringing continually; sometimes hissing.

MENTHA-PIP.<sup>5C</sup>.

Soreness in ears.

NAT-MUR.<sup>CM</sup>.

Caused buzzing in ears.

NITRUM<sup>5C</sup>.

Spasmodic clicking in the ears, like opening and shutting, clicking sensation, very annoying.

## PSORIN.

Own voice sounds unnatural; sounding and humming in left ear, as from a sea-shell.

PSORIN<sup>42M</sup>.

A most wonderful medicine, has cured many times offensive discharge from the ears (acute and chronic) for me. Cured scabby eczema behind ears in infants, with deafness of long standing. Often cured *old discharge from ears* in adults.

PSORINUM<sup>42M</sup>.

Pain in his ear so great as to confine him to bed for five days. External ear much swollen, thought the pain in his ear would set him crazy. Soreness in jaw, right side, around the ear;

could not open his mouth because of the contraction and pain ; could scarcely crowd his fingers between his teeth.

#### SILICEA<sup>CM</sup>.

Caused great earache with some discharge, never had it before.

#### SULPHUR<sup>CM</sup>.

Cured slight offensive discharges from the ear in several young persons.

#### PHYTOLACCA-DEC.<sup>47M</sup>.

*Swelling* in and around the left ear and side of the face like erysipelas, then ran over the scalp, very painful to touch.

#### SAMBUCUS-NIG.<sup>45M</sup>.

Great swelling, heat, and redness in the neck, just under the right ear, with sharp pain ; improved his hearing, which had been defective ; restless at night.

#### TEREBINTH.<sup>17M</sup>.

Own voice sounds unnatural ; sounding and humming in left ear as if from a sea shell ; cannot tell where the person is who speaks unless he sees him ; talking loud is very painful.

### NOSE.

#### ARSENIC-ALB.<sup>72</sup>.

Watery discharge from the nose.

#### AGARICUS-MUSC.<sup>2M</sup>.

Pimples appear on side of her nose.

#### ARUM-TRIF.<sup>16M</sup>.

Thick discharge from high up opposite the nasal bone on right side. Continually picking his nose because of irritation within.

#### BURSA-PAST.<sup>9M</sup>.

Free discharge of blood and mucus, mostly from left nostril.



CAMPHOR<sup>30M</sup>.

Given five times daily caused hemorrhage from the nose on fourth day ; hemorrhage *every* day for two weeks, and still went on for some time after stopping medicine ; weakened him very much ; never had nose-bleed before taking this medicine. Produced nose-bleed in other provers.

GINSENG<sup>46M</sup>.

Frequently blowing his nose.

HYDRASTIS-CAN.<sup>CM</sup>.

Nose discharges freely.

HYPERICUM-PERF.<sup>45M</sup>.

Sore within the nose ; itchy ; continually picking it ; observed in all the provers. A valuable and reliable symptom.

IODINE<sup>17M</sup>.

Constant watery discharge.

KALI-HYD.<sup>CM</sup>.

Produced sores in and about the nostrils, with discharge.

KAOLIN<sup>45</sup>.

Uses six or eight handkerchiefs a day, discharge so abundant.

NUX-VOM.<sup>94M</sup>.

Occasional watery discharge from nose.

OXALIS<sup>1M</sup>.

Her nose bled twice and has been very sore inside ; has not bled for years before. One prover.

PHOSPHORUS<sup>CM</sup>.

Stiffness of nose ; snuffles.

PSORIN<sup>42M</sup>.

The pains extend from eyebrows over the nose, and caused the nose to discharge somewhat.

RANUNCULUS-ACRIS<sup>10M</sup>.

Stuffed up feeling in nose.

PIX-LIQUIDA<sup>5C</sup>.

Dryness and burning at nasal bones.

TROMBIDIUM<sup>5C</sup>.

Dryness in nose, symptoms of sniffles.

TRITICUM<sup>15C</sup>.

Always blowing her nose; nose sore to touch.

SANTONINE<sup>3rd</sup>.

Given every hour on and after the third day caused constant sneezing; discharge from nose; sore nose.

SYMPHYTUM-OFFIC.<sup>15C</sup>.

Nose sore inside the alae; wants to pick it.

UVA-URSI<sup>10M</sup>.

Nose is raw and discharges.

## FACE.

ÆSCULUS-HIP.<sup>56M</sup>.

Pimples appeared on his face and body; hands and face swell up greatly and become red after washing.

ARGENT-NIT.<sup>45M</sup>.

Left side of the face appears swollen, with a great deal of heat and burning; lips much swollen.

ASTERIAS-RUB.<sup>5C</sup>.

Pimples on the side of nose and chin (female provers).

AILANTHUS<sup>45M</sup>.

A crop of ragged, deep ulcers on the lower lip and corner of the mouth; the least touch or pressure aggravates this; face speckled. Cured acne on a girl's face.

ARSENIC-ALB.<sup>6M</sup>.

Face swelled.

BELL.<sup>101M</sup>.

Caused a feeling in cheek-bones as if scalded when given in old cases of ophthalmia. Swollen cheeks and lips.

CUPRUM-ACET.<sup>45M</sup>.

Sharp pain; sore to touch in both malar bones.

EUPAT-PERF.<sup>CM</sup>.

Sudden violent contraction of muscles of right cheek.

FERRI-CARB.<sup>50M</sup>.

Face suddenly livid, red, or purple, then pale, rest of body cold, then legs red and head pale and cold, or fever with redness. Flushes coming and going rapidly in various parts of body.

GUAJACUM<sup>5C</sup>.

Her face became spotted after fever commenced; eyes, nose, and cheeks would swell.

IODINE<sup>17M</sup>.

Face fiery red.

KREOSOTE<sup>CM</sup>.

Produced pimply rash over the face like flea bites.

NITRUM<sup>5C</sup>.

While eating she would bite her lips involuntarily, this continued while she took the medicine.

NITRIC-ACID<sup>5C</sup>.

Rash on her face and forehead, small pimples.

PLANTAGO-MIN.<sup>11M</sup>.

Redness of the skin (like erysipelas) in the right temple mostly.

POLYGONUM-HYDROP.<sup>45M</sup>.

Sore pimples on face.

RANUNCULUS-ACRIS<sup>10M</sup>.

Burning in face.

SAP-SODA<sup>2C</sup>.

Face looks swollen.

VERBASCUM-THAP.<sup>45M</sup>.

Pain in both cheek bones, and above her eyebrows.

WOORARI<sup>90M</sup>.

Her lips become very blue ; circulation irregular.

## TEETH.

ASTER-RUB.<sup>5C</sup>.

Neuralgia opposite the left molar teeth, lower jaw ; sharp, piercing pain like a needle. <sup>31</sup>

BURSA-PAST.<sup>9M</sup>.

Teeth are sore when she shuts down on them ; gums are sore, she has not toothache, but neuralgic feeling in her teeth.

DIGITALIS-PURP.<sup>CM</sup>.

Severe toothache, lasting three days ; pain through her whole head accompanied it.

IODINE<sup>17C</sup>.

Teeth sticky with phlegm.

PLANTAGO-MIN.<sup>11M</sup>.

For a moment or two her jaws become closed, and she has trouble to open her mouth ; pains through her teeth.



PIX-LIQUIDA<sup>4C</sup>.

Bad teeth more sensitive than usual.

RHODODENDRON-CHRY<sup>CM</sup>.

Causes toothache and swollen gums ; effected an astonishing and immediate cure of neuralgia of the inferior and superior dental nerves ; woman in agony, slept only at short intervals for seven weeks ; had sound molars removed and narcotics given by her regular physician without curative effect ; often verified its curative powers in certain toothaches ; causes stiffness of neck and stumps of teeth to be loosened.

RHUS<sup>105M</sup>.

Teeth become loose a little.

SASSAFRAS<sup>5C</sup>.

Toothache of a mild type.

TRIF-PRETENS<sup>10M</sup>.

Shooting neuralgic pain in the teeth.

## MOUTH.

ALETRIS<sup>45M</sup>.

Spits very much ; saliva excessive.

APOCYNUM<sup>6M</sup>.

Tongue heavily coated, brownish white.

AGARIC<sup>2M</sup>.

Eruption about her lips.

ARSENIC<sup>6M</sup>.

Mucous membrane of mouth much swollen.

ARUM-TRIF.<sup>10M</sup>.

End of her tongue feels very sore, as if scalded ; sores on tongue.

ARUM-TRIF.<sup>16M</sup>.

Mouth very dry ; feels as if the skin of the mouth would crack, so dry ; wants to wet it, not to drink ; has to get up in the night to do this.

BELL.<sup>101M</sup>.

Tongue thickly coated ; aching pain in all the teeth, left side mostly ; front teeth felt sore to the touch. Medicine was given five times a day for three weeks.

BURSA-PAST.<sup>9M</sup>.

Probably caused great enlargement of Wharton's duct. Lips sore. Gums felt as if blistered, inner surface and left side mostly affected.

CUPRUM-ACET.<sup>45M</sup>.

Tongue coated with something which seems to her like pus, offensive taste.

MERC-CORR.<sup>5C</sup>.

Sensation as if the mouth was scalded.

MERC-VIV.<sup>101M</sup>.

Cured chronic tendency to hawk and spit ; much previous treatment ineffectual.

NATRUM-MUR.<sup>CM</sup>.

Fever blisters on lips, caused sores in mouth.

NITRIC-ACID<sup>5C</sup>.

Sores all around the mouth like fever blisters ; *gums and margin of the mouth covered with sores* ; nostrils affected.

NUX-VOM.<sup>94M</sup>.

Sore patches on mouth and tongue ; coated tongue ; dislikes his usual tobacco. Often cleared off rapidly a thickly-coated tongue.

PHYTOLACCA-DEC.<sup>47M</sup>.

*Sores on tongue*, inside the mouth and lips.

PIX-LIQUIDA<sup>5C</sup>.

Gums sore.

PLANTAGO-MIN.<sup>11C</sup>.

Dry tongue.

PODOPHYL-PELT.<sup>7M</sup>.

Continually coated tongue became perfectly red and clean ; removed a breath which was foul-smelling.

RANUNCULUS-ACRIS<sup>10M</sup>.

Mouth sore ; sensation of lump in her throat, which she cannot dislodge.

RHUS-TOX.<sup>105M</sup>.

Mouth sore ; apthæ.

SAMBUCUS-NIG.<sup>45M</sup>.

Tongue sore, mostly in middle, and very much coated.

SANGUINARIA<sup>24M</sup>.

Sores around the gums and on roof of mouth.

WOORARI<sup>90M</sup>.

Very offensive taste in the mouth.

ZINC-SULPH.<sup>5C</sup>.

Mouth felt and was sore ; tongue slightly sore and felt thick.

ZINC-MET.<sup>2C</sup>.

Mouth and lips very sore ; tongue affected, very sore in spots as large as the small finger-nail.

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VACCININUM AND VARIOLINUM.

*To the Editor of the Homœopathic Physician.*

DEAR SIR:—I have looked in vain among the pages of your journal for some reply to the excellent paper of Dr. Stuart Close on "Vaccination," in the number for November, 1892,

p. 468, wherein he quotes Dr. Hering as considering both *vaccine* and *variolin* as identical. I am sorry to differ from so high an authority as Dr. Hering, for no one can think more of him than myself, but the subject he has handled in the *Guiding Symptoms* calls for a reply, owing to its grave importance. I had commenced a paper on this matter immediately on reading Dr. Close's article, but feeling sure that younger and better men would do it more justice, had refrained from continuing; however, was surprised that no one attempted to deal with this subject.

Let me say, then, that the matter which Dr. Jenner used was derived from *various sources*, as can be learned from *his own statements*, and though the Parliament of that time granted him £30,000 for his discovery, it has been *abundantly proved by subsequent investigation* that this protection to our species by vaccination is by no means certain—that the halo which surrounded us when submitting to this rite has disappeared. Even the members, or many of the most distinguished in Parliament, have said on the floor of the house that the bill of *compulsory vaccination* had been *foisted on them* and passed by *false statement*, against which has arisen a society which seeks its abolition. A society which numbers among its members some of the first names in Britain, and has spread nearly all over Europe, fondly expecting that the obnoxious and unconstitutional law will shortly be expunged from the statutes.

We have had here an epidemic of small-pox, against which some of the most foolish decrees have been instituted, resulting in frightening the people so greatly that trade and commerce have been sadly paralyzed. To be sure, we are called upon to "stamp it out," as it is termed, and other towns expect this to be done, whether by vaccination or re-vaccination, quarantine, etc., means which have no effect whatever in controlling the disease, but which is easily and rapidly done by a *very high potency* of Variolin, *not vaccine*, the same remedy in *one dose* effectively preserving those who take it from ever suffering from the malady in their lives, provided they be of fairly good habits.



But I begun this paper to show that the two nosodes were not identical—the one fully curing and preserving, the other acting in a very uncertain manner, as we may see in the very bad cases which have occurred in those who have been vaccinated recently, several of whom have died.

But I must draw this subject to a close, merely remarking that the divergence of the two nosodes can be best learned from Dr. Jenner's own words, and that when the wave of small-pox epidemic passes over, the disease leaves us, and not till then.

VICTORIA, B. C., January 3d, 1893.

JOHN HALL.

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## BRITISH MEDICINAL PLANTS.

[Continued.]

ALFRED HEATH, M. D., F. L. S., ETC.

### ORDER 49.—LORANTHACEÆ.

*Viscum Album* (Mistletoe). This plant, the only one of the natural order Loranthaceæ found in Great Britain, is so well known to every one that we should hardly believe it was Christmas if a branch of mistletoe was not in the house. Hundreds of tons are annually collected in this country at Christmas. It is a true parasite, and is found on various trees in Great Britain, mostly on the apple tree. Rarely, if ever, is it found on the pear. It is also found on the poplar, hawthornes, limes, mountain ash, maples. It has been found on the cedar of Lebanon and on the larch, but rarely on the oak. Dr. Bull, in *Journal of Botany*, mentions only seven authentic instances of its occurrence on the oak. When growing on the oak it was worshiped with superstitious honors by the ancient Britons, to whom nothing was more sacred. The virtues of mistletoe grown on the oak are believed to be greater than if grown on any other tree. The Druidical priests (two thousand years ago) used to go attended with a procession of people clothed in white, and cut the mistletoe with a golden knife. Human sacrifices were offered on the spot; hymns sung and prayers recited in honor of the Divinity. The plant was then distributed amongst the

people, which was considered a charm against every disease, and against evil spirits. The mistletoe has been highly extolled from the most ancient times for its medicinal virtues.

In times past the *Viscum* obtained great reputation in the cure of *epilepsy*, and a case is mentioned by Boyle, in which it proved remarkably successful in a lady of position. Some years after it was strongly recommended by Colbach in various kinds of *convulsions*. He published several instances of its good effects. He was supported by others who had used it with good effect in convulsions and other nervous diseases. The drug in these cases was given in a purely experimental manner and in total ignorance of the effects of the drug on healthy people, and of the fact that these cases were benefited or cured with a drug capable of producing on healthy person symptoms like epilepsy.

In Allen's *Materia Medica* is a short proving of *Viscum*, and it will be seen that it produced the following symptoms in healthy people: Two women took *Viscum* to procure abortion. Every muscle of the body except the eyes was *paralyzed*; the whole alimentary canal was paralyzed; they could neither speak or swallow, and both died in about eight or nine days—starved. It produces giddiness and slow, stertorous breathing, with drowsiness. A boy after eating eight berries had giddiness, conjunctivæ injected, pupil slightly dilated and fixed, lips livid, stertorous breathing, pulse full and bounding. A doctor took forty drops of the tincture; felt very queer as if he *must fall down*; he felt a glow that rose up from the feet to the head, and it seemed to him that he was on fire; at the same time his face became very pale. This kind of *aura epileptica* occurred three times during the winter (after forty drops). He felt on the back of the left hand *as if a large spider was crawling over it* (*aura epileptica*). Soon after he felt the same sensation on the back of the right hand (after forty drops).

If there is nothing in the "law of similars" how is it that a medicine like *Viscum* which obtained a reputation for curing epilepsy should in later times be found to *produce* on healthy people symptoms like that disease?

## APIS—AN INVOLUNTARY PROVING.

A bee stung me on the helix of my left ear one hot June day. I give the symptoms in the order of their sequence, so far as the brain remained clear enough to note them: 1. Sensation as though a large stick like a broom-handle were thrust through my head from left to right. 2. Swelling of the entire person. 3. Eruption like a nettle-rash, covering the entire surface, even the palms of the hands and the soles of the feet. 4. Severe nervous chill, with chattering of teeth and shivering, but without sensation of cold. 5. Complete suppression of urine, with pain in the kidneys and bladder. 6. Dull pain in the entire head, with sensation of weariness of the brain, and a stupid condition, with inability to note symptoms further. (At this juncture my husband administered a gill of Holland gin. I had taken a sponge bath of ammonia and water, and was placed in bed.) *Secondary Symptoms.*—After a restless sleep noted the following conditions: 1. Retention of urine followed after a few hours by a scanty discharge of red, hot urine. Pain and soreness in the region of the kidneys, bladder, and ovaries. 2. Eruption disappeared, leaving the skin white, waxy, and a condition of general œdema. 3. Extreme sensitiveness to touch and soreness on deep pressure. 4. Brain symptoms slowly relieved. 5. Soreness of muscles and stiffness of joints like rheumatism. At the end of a week was restored to normal condition.—JULIA C. JUMP, M. D., Oberlin, O.—*North American Journal of Homœopathy*, Vol. VIII, No. 5, May, 1893.

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## THE QUESTION OF REPETITION.

HOWARD CRUTCHER, M. D., CHICAGO.

A few days ago while speeding along on a fast railway train a sleepy-headed person yawned, rubbed his eyes, and, inquiring of himself how far a certain station was ahead, took out his watch, remarking as he did so: "I will see where we are."

A traveling companion inquired the cause of my overflowing merriment.

"What a magnificent mongrel that fellow would make," I replied. "Instead of looking out the window at the country, with which he may be familiar, or looking at the mile-posts along the right of way, he looks at his watch to find out where he is! The man who gives medicine every hour or every half-hour or every two hours or every night and morning ought not to do much laughing at that fellow. One man neglects the mile-posts and the other neglects the patient. They are both in the same boat."

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## THE AMERICAN INSTITUTE OF HOMŒOPATHY.

EDITOR HOMŒOPATHIC PHYSICIAN:—At the recent meeting of the Institute, the General Secretary was instructed to inform the profession, through the journals, of the important changes made in the By-Laws.

The designation "Bureau" is changed to "Section." The Bureau of Anatomy, etc., is dropped, and Pathology is included with Clinical Medicine. The "Bureau of Mental and Nervous Diseases" is to be called the "Section in Neurology." The Bureau of Organization, etc., becomes a committee. Each section must consist of at least five members; beyond that number there is no restriction. Each chairman is required to send the General Secretary, within one month after the session, the names of the officers and members of his section.

Delegates from societies and institutions will be admitted to certain privileges, as heretofore, but will not be expected to present reports. The Committee on Pharmacy is discontinued.

The session of 1894 will be held in Denver, Col. The meetings will open about the middle of the week, and extend into the next week long enough to allow each section all the time it may wish for its papers and discussions.

PEMBERTON DUDLEY, M. D.,  
*General Secretary.*



## "A NEW PUNISHMENT FOR MURDER."

Dr. W. A. Hammond does not approve of the death penalty, but recommends as a substitute *castration*. He thinks nearly every man would rather die than submit to the operation, and that castration would be infinitely more effective in preventing crime than the death penalty, either by hanging or electrocution. Dr. Hammond quotes a French writer, with evident approval, that the dignity of a man resides in his testicles. "Juries would be less squeamish about discerning guilt, in cases of doubtful testimony, if life-taking were not one of the consequences of finding a man guilty. The punishment would be continuous, and not momentary and intense, and in the continuance of a punitive award will be found its greatest effect. Castration changes the whole relations of the man, and, while the brand upon him would be as bad or worse than the mark upon Cain, he would be removed from many criminal tendencies. He cannot open his mouth without exposing what has happened to him ; his facial expression becomes altered ; he becomes effeminate and cowardly ; he loses his appetite for alcoholic drink. In the case of a man who mutilated himself while delirious from alcohol, this act was the means of his reformation.

"Criminals thus changed might, in many instances, be made useful to society, much more so than dead men, even if it be the law that slays them. They could be made members of church choirs—the vocal qualifications of eunuchs are well known—safe typewriters, dry nurses, laundrymen, policemen, sailors, soldiers, legislators, reporters for mild society newspapers, and other places where originality and 'dash' are not requisite.

"The brutality of animal nature is reduced by emasculation," Dr. Hammond continues to argue. "The fierce ram becomes mild, and the night-roving tom-cat ceases his pugnacious raids. The eunuchs of the Orient are described by travelers as a mild and obedient type of persons, generally trustworthy and fond of the care of young children.

"As a means of stopping the propagation of criminals, this

form of punishment would be no less effective than hanging. If it had been employed for the last few hundred years, the number of criminal acts would have been many thousands less by this time, and the administration of justice would now have become much simpler and less expensive.

“This punishment, of course, cannot apply to women. They have become so accustomed to the removal of ovaries, and these organs as so much less essential to womanhood than the testicles are to manhood that it might be necessary to substitute imprisonment for life in their case.”

In Delaware it is found that a certain class of crime is best treated by the whip, which is a degradation which to even the most depraved is a terror exceeding by far that of imprisonment at hard labor. We suggest that, before taking so grave a step as to make for men castration a substitute for the death penalty, that it be tried upon the wife-beater and that class of depraved so low in the scale of humanity that law and decency are not sufficient to protect society from their lust. Occasionally a man is sent to prison for rape, and in one or two States for wife-beating. If the testicles of these men were taken out, the animal might be so far subdued that they might become harmless and useful in the ranks of labor. The penalties for crime are constantly being changed, as in the progress of civilization the individual and the character of the various forms of crime are more thoroughly understood. We respectfully suggest to the philanthropist and the legislator a careful study of the whole question.—*N. Y. Med. Times*, May, 1892.

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## ELECTRO-HOMŒOPATHY.

WILLIAM STEINRAUF, M. D., ST. CHARLES, MO.

The sale of the genuine and pseudo Mahei remedies has been prohibited by law in all Austria as a species of humbug and quackery, and advertisements of the same remedies are now forbidden in several of the German principalities, according to the last number of a Leipzig medical journal. That is right. The

law holds that they are secret remedies, and as such must be treated.

In this country they are fast losing the little hold they ever had, and our pharmacies are ceasing to advertise them. They only harm our cause. They are no "improvement on Homœopathy." Away with them.

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### SYCOSIS.

A. McNEIL, M. D., SAN FRANCISCO, CAL.

For several years our conviction has been becoming firmer that the greatest number of the urinary complaints and those of the uro-poetic organs grow out of sycosis, or what we hold to be identical pox (variola) and can only be permanently cured by such remedies as correspond to this constitutional primeval taint. The number of these remedies is far greater, however, than is generally believed, and many of the so-called anti-psorics but particularly Ant-crud., Ant-tart., Arg-met., Arsen., Aur., Bar-carb., Bell., Calc-carb., Carb-anim., Carb-veg., Caust., Euphras., Jod., Lach., Lycop., Mercur., Mur-ac., Nit-ac., Nux-vom., Phos-ac., Puls., Rhus, Sabin., Secal-cor., Selen, Sep., Silic., Staph., Sulph., Zinc, have demonstrated their curative virtues in these different morbid manifestations. It is to be expected, therefore, that in future Homœopathy will make considerable progress in the treatment of these difficult or incurable diseases.

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### NOTES AND NOTICES.

CHICAGO BAPTIST HOSPITAL.—During the summer of 1891, Dr. L. D. Rogers with the assistance of a few friends organized and established the Chicago Baptist Hospital. On the 27th of last September, the institution celebrated its first anniversary. The ladies from thirty-three Baptist churches in and about Chicago gave a reception at the hospital and served refreshments to more than a thousand guests, among whom were many of the elite of the city.

The Chicago *Evening Post* considered the reception a society event of such importance as to give it a two-column report. The Chicago Baptist Hospital is the only denominational hospital in Chicago that has a homœopathic staff. It is also the largest homœopathic hospital in Chicago, and on account of its large and influential constituency it will probably always remain the largest. It is the only hospital in Chicago open alike to all homœopathic physicians.

# THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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## EDITORIALS.

PYROGEN. is one of the nosodes. It has not been very cordially received by the profession hitherto, not alone because of its revolting character, but because it has been insufficiently proved. The introduction of this nosode is due to Dr. Samuel Swan, of New York. Nearly all that has been known about it hitherto is due to his labors. In the April number of this journal, at page 204, Dr. Sherbino has given some valuable clinical symptoms. In the present issue of THE HOMŒOPATHIC PHYSICIAN will be found an excellent article by Dr. W. A. Yingling, in which are collected in order all the reliable symptoms obtainable. The authority for most of these symptoms is also given.

The profession will now be able to prescribe this valuable remedy intelligently. A glance over these symptoms will recall to the practitioner many a case where symptoms cropped out that he could not assign to any remedy, and for want of this knowledge his case has made a tardy recovery. He will now know the indicated remedy when he meets these symptoms again.

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HOMŒOPATHIC AGGRAVATION is the title of an excellent article by Dr. S. E. Chapman, which appears in this number. It is cordially commended to our readers for careful perusal. Dr. Chapman forcibly illustrates what has been before said in



these editorials that the physician who fails to carefully select the remedy by a close comparison of the symptoms, who fails, in short, to study the materia medica and apply it, for him the genius of Homœopathy is a sealed book. Unconscious of his own shortcomings in this regard and confronted, on the other hand, with unsolved clinical problems in the persons of suffering patients, he resorts to methods of treatment borrowed from old-school rational therapeutics, and so finds Homœopathy ineffectual.

On the other hand, he who carefully learns the tenets of *The Organon*, and as carefully fits his materia medica to the case in hand, is "born into the kingdom," as Dr. Chapman expresses it, and derives a satisfaction, and is permeated with a deep conviction of the truth of the principle he practices, to which every other practitioner is a stranger. Here then is the gulf that separates the two orders of mind and renders their differences irreconcilable.

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## PYROGENUM (PUS FROM SEPTIC-ABSCCESS).

W. A. YINGLING, M. D., NONCHALANTA, KANSAS.

I here collate the *reliable* indications of *Pyrogenum*. I have not used any items from the work of Dr. Burnett, as that work is obtainable by every one. I have omitted to record any symptom where the action of other remedies used in connection with *Pyrogenum* might influence its curative range. As the larger part of this record is clinical, and as the *symptoms cured with a single remedy* are reliable data, I do not indicate the difference. I use the language of the authors as far as practicable.

Authorities: A proving by G. W. Sherbino, M. D., *Med. Advance*, XXV, 369; M. Florence Taft, M. D., *Med. Advance*, XXV, 378; H. C. Allen, M. D., *Med. Advance*, XXVI, 36; W. H. Leonard, M. D., *Med. Advance*, XXVI, 103; J. A. Wakeman, M. D., *Med. Advance*, XXVIII, 298; G. W. Sherbino, M. D., HOMŒOPATHIC PHYSICIAN, XIII, 204; Jennie Medley, M. D., HOMŒOPATHIC PHYSICIAN, XIII, 114; J. Emmons, M. D., HOMŒOPATHIC PHYSICIAN, XIII, 284; personal letter, Samuel Swan, M. D., J. H. Allen, M. D.

*Mind: Very loquacious.* "I never talked so much in one day in all my life." "I could think faster and talk faster than I ever could." Great desire to talk.

*Irritability.*

Feels good and buoyant, in the best of spirits, although feels sick.

Delirious when closing the eyes; sees a man at the foot of the bed or in the further part of the room.

Inclined to talk all the time at night during the fever. Talks to herself. Whispers to herself; whispers in her sleep.

Sensation as if she covered the whole bed; she knew that her head was on the pillow, but she could not tell where the rest of her body was.

She feels when lying on one side that she is one person and that when she turns to the other side she is another person.

Sensation as though the fever would not run in her alike—*i. e.*, she felt as though she was existing in a second person, or that there were two of her.

Sensation as though he was crowded with arms and legs; when turning over in bed they were still crowding him.

After the fever leaves him he still has the *hallucination that he is very wealthy*, and that he has a very large sum of money in the bank; this idea of having money was the last to leave him.

*Sensorium:* On getting up in the morning staggers as if drunk.

Dizziness on rising up in bed.

*Head:* Pain in both mastoids, aching worse on right side. A dull thobbing in the mastoid region.

*Great throbbing of the arteries of the temple and head;* every pulsation felt through the brain; this throbbing would meet on top of the brain. Every pulsation felt in the head and ears.

*Painless throbbing:* Throbbing all through the fore part of the head; sounds like steam escaping from a steam tug; a puffing and purring sound.

Forehead bathed in cold perspiration.

Frightful throbbing headache, which was better from a tight band.

In the case of *Bright's Disease* the headaches had most terrible aggravations, lasting from two to four days; during the aggravation she could neither lie in bed nor sit up, but was in constant motion, groaning and crying piteously for help.

Excruciating, bursting, *throbbing headache with intense restlessness*. Headaches were often accompanied with profuse bleeding of the nose and nausea and vomiting.

Sensation as if a cap were on the head; when she awakens and finds this cap on her head she knows she is all right, that she is not delirious.

Cerebro-spinal meningitis. (See Limbs in General.)

Rolling of the head from side to side.

*Eyes*: Left eyeball sore, worse by looking up and turning the eyeball outward.

Projecting eyes.

*Ears*: Loud ringing in left ear, like a bell; also in right ear, lasting a few moments.

Cold ears.

Redness of the ears, looked as if the blood would burst out of them.

*Nose*: Awakened by dreaming that the nose was bleeding, and found it had bled all over the pillow.

Sneezing every time he puts his hand out from under the cover.

Sneezing at night; nostrils closing, alternating from side to side.

Cold nose.

*Fan-like motion of the alæ nasi*.

*Face*: Burning of the face. Face yellow. Face very red. Face pale and sunken and bathed in cold sweat. Face pale, greenish or chlorotic.

Circumscribed redness of the cheeks.

*Tongue and taste*: Tongue coated white on the forepart and brown on the back part. Brownish coat on tongue, mostly back part. Tongue coated a yellowish brown. Tongue heavily

coated, yellowish gray fur; edges and tip very red. Yellow brown streak down centre of tongue.

*Terribly fetid taste*, as if mouth and throat were full of pus (which lasted some twenty-four hours; could only associate it with a broken abscess in the mouth. Proving).

*Tongue fiery red, then dark red and intensely dry.*

Tongue clean, smooth and dry; first fiery red and then dark red, glossy, shiny, and easily moistened.

Tongue dry, not a particle of moisture on it. Tongue dry down the centre.

*Mouth: Bad taste in the mouth.* Bad taste in the morning. Terribly fetid taste in the mouth and throat as if full of pus.

Breath horribly offensive, carrion-like.

Bitter taste in the mouth.

*Throat:* Diphtheria with extreme fetor; rotten odor.

*Appetite:* No appetite for breakfast. No appetite for dinner. No appetite nor thirst.

*Eating and drinking:* Great thirst for small quantities, but the smallest quantity was instantly rejected by the stomach.

Drinking very hot water relieves the sick stomach.

Entire absence of thirst.

*Nausea and vomiting:* Belching of sour water after breakfast.

Vomiting and purging; stool profuse and watery.

Nausea and vomiting persistent.

Vomiting water when it becomes warm in the stomach.

Sick stomach better by drinking very hot water.

Vomiting ameliorates the sick stomach.

Tries to vomit; urging to vomit, with cold feet.

Feels better after vomiting.

*Stomach:* Feels too full in the stomach and bowels.

*Abdomen:* Great distention. Feels too full.

Pain in the umbilical region, with passage of sticky, yellow stool.

While riding in a buggy aching in, or pain on, left side of the umbilicus. Aggravated by drinking water. Ameliorated by passing flatus downward.

Soreness of the abdomen. Bowels so sore she can hardly



breathe. Bowels so sore she cannot bear any weight or pressure over right side.

*Sides:* Bubbling or gurgling sensation in left hypochondrium, extending back to the left side of the spine; felt only when lying on the left side.

Very severe pain in the right side; knife-like pains going through the back; *worse* from every motion, from coughing, talking, or taking a long breath; *better* from lying on the affected side; groaning with every breath.

*Stool, anus, etc.:* Two soft, sticky stools, eight to nine A. M.

On passing flatus per anus a portion of stool passed involuntarily.

Stool very much constipated, large and difficult; required great effort; first part of stool composed of balls, last part natural; on stool there were streaks of blood, leaving a soreness in anus.

*Constipation*, hard, dry, accumulated feces.

Vomiting and purging; stool profuse and watery; no pain.

*Stool horribly offensive*, a carrion-like odor.

Tenesmus with strong desire to defecate without ability, reflected from the bladder. (See under Urine.)

*Urine:* Bright's disease of the kidneys.

Urine less frequent than usual; only twice in twenty-four hours.

Urine very yellow after being made, scant; do not desire to urinate half as often as in health; urine after standing gets very cloudy with a substance that looks like orange peel; a red line was deposited on the side of the vessel which was hard to remove.

Urine yellow. Urine scant.

Red sidiment at the bottom of the vessel looking like red pepper.

Got up three times to urinate at night.

Urine loaded with albumen, casts frequent, but never numerous.

*Urine horribly offensive, carrion-like.*

As soon as the fever came on he commenced to urinate; could

tell when the fever was coming on from the frequent calls to urinate. This urine was as clear as spring water.

Intolerable tenesmus of the bladder, it was more of a spasmodic contraction than anything else; at the same time this condition would be reflected to the rectum with a strong desire to defecate without ability to do so; involving also the ovaries and the broad ligaments.

The following case will be of interest in this connection. On a former occasion I had given *Catarrh-vesicae*<sup>dmm</sup> (Swan), which acted promptly and removed the distressing symptoms, but they returned in time. I concluded to test the remedy under consideration, with the following result: June 4th, 1893.—A lady of thirty-nine years, blonde. Severe tenesmus of the bladder, involving the vagina and rectum, with soreness of the muscles of the abdomen. "The rectum would draw together so tightly she could not introduce her finger." She would have urging desire to pass water every few minutes, passing but very little *foul* urine at a time, with severe straining to pass more water. After each evacuation of urine a continual burning and pressure in the parts. Some relief, or rather endurance, by sitting over the urinal, which allowed the passage of the water at all times. There was a comfortable feeling in sitting over hot water. The woman suffered continual agony. At 9.30 A. M. I prescribed *Pyrogen.*<sup>cm</sup> (Swan), a small powder in eight spoons of water, a spoonful every hour till better. In a very few moments after taking the first spoonful she commenced to gap, and in less than one-half hour she went to sleep and slept for two and one-half hours. A little after noon she got up, feeling much better, and prepared dinner for the family. This work slightly aggravated the symptoms, upon which she took the second spoonful of medicated water and again slept for a couple of hours to awake feeling very much better, and by six P. M. perfectly relieved in every way except a slight hurting in the forehead and small of back; next day was still feeling better, but had a soreness in the region of the kidneys.

June 5th.—Felt quite well all day. Only trouble is a sense of weakness, or a don't-feel-like-doing-anything; in the private

parts a sense of fullness, but none of the distressing symptoms of yesterday. When quiet she can feel her "pulse" beat all over the body; when sitting she feels it in her "bottom." No medicine.

June 6th.—"Feels very good this morning, yet feels that she has not entirely gotten rid of the trouble." Slept all night soundly; a good night's rest. Still feels the pulsation, but not so strongly. From too much exercise during the day she began to feel badly in the afternoon, with some strong indications of the trouble returning. She had to "hold up" in the privates and rectum; rectum felt drawn up or contracted, some headache. *Pyrogen*.<sup>dmm</sup> (Swan), one dose dry on the tongue on going to bed.

June 7th.—Feels better than at any time yet. No headache; the "holding up" and contraction in private parts and rectum all gone. Her abdomen feels sore still, and she is weakly but much encouraged. Remains better all day, but still "feels it to be there yet, but much better." No medicine.

June 8th.—Still improving. Feels the trouble only when passing water, and then only a very little. Feels "lots better in every way," but does not gain strength so rapidly as she would like. No medicine.

June 9th.—Felt some worse last night, which must have been from too much exercise and standing. Feels better this morning. Does not feel the trouble at all. No medicine.

June 10th.—Doing well. No medicine.

June 11th.—From a ride in a poor, shaky cart, which jarred her very much, last night the burning pressure and tenesmus returned so as to be distressing. A single dose of *Pyrogen*.<sup>dmm</sup> (Swan), at once relieved and produced sleep during the night. Next morning quite well, and no more medicine.

June 14th.—Has been doing finely and without a return of the trouble. Has taken no more of the medicine. To-day, after assisting in a large washing, her menses came on entirely free from pain and of a bright red blood, and feeling unusually well. Other periods have been not to say painful, but disagreeable, with *very dark offensive blood, which could hardly be washed from the napkin.*



June 20th.—Has had on a couple occasions slight indications of a return of the trouble during the evening, but it passed off without any more medicines.

July 11th.—Remains well and feels better than for many months. This is her condition in spite of very much work. (W. A. Y.)

*Male Sexual Organs:* Testicles hang down relaxed; the scrotum feels thin and it looks that way.

*Female Sexual Organs:* Puerperal peritonitis with extreme fetor; a rotten odor.

Genitals seriously swollen. Bright's disease.

*Menses horribly offensive, carrion-like.*

Menses last but one day, and then a sanguineous leucorrhœa of the *horrible odor*.

Hemorrhage of bright red blood with dark clots.

Septicæmia following abortion.

Has cured prolapsus uteri, with bearing down, relieved by holding the breath and straining, as in the act of labor.

Pains start in the uterine region and passing upward to the umbilicus. It was the reverse [in direction] (a corkscrew pain); this was momentarily relieved by holding the breath and bearing down, as in labor; momentarily relieved by pressing the hands against the vulva; then she said she would have to turn loose, as it made her worse.

Pain starting in the umbilicus or a little above and passing down toward the uterus, but at midway of the distance to the uterus it would be intercepted by the same kind of a pain starting in the uterus and passing upward till they would meet midway between the umbilicus and uterus, then gradually die out, till another would come as before; ameliorated momentarily by drawing her knees up to her chin and grasping her arms around them and holding them tight.

In a case of abscess of left ovary following oophoritis, the ovary very large, throbbing, acute pain, great distress, with fever and rigors, the administration of *Pyrogen*.<sup>cm</sup> (Swan), produced a flow, as reported by the husband, of "white, creamy pus the size of a man's arm from the womb," with general



amelioration of the condition and rapid decrease of the size of the ovary. The case was cured, but required *Lachesis* and *Calcarea-carb.* There is no question of the speedy and happy effect of *Pyrogen.* (W. A. Y.).

*Breathing*: Wheezing when expiring.

*Cough*: Coughing, spitting up phlegm from the larynx.

Cough worse from moving, turning over, or the least motion.

Coughs more in a warm room. Cough better by sitting up; worse when lying down.

Coughing up rusty colored mucus. Expectoration horribly offensive. Coughing up yellow sputa through the night.

Burning in the larynx and bronchi on coughing; coughing causes a pain in the back of the head.

Stitches in small of back on coughing, only noticed in the chair.

*Lungs*: Pain in the right lung and shoulder, aggravated from coughing or talking.

Neglected pneumonia: "Cough, night-sweats, frequent pulse, and to all appearance as if in the last stage of pneumonic-consumption. An abscess had burst that day and was discharging a great amount of pus; tasted like matter." Made a rapid recovery on *Pyrogen.*<sup>cm</sup>, three doses.

*Heart and Pulse*: Pain in the region of the left nipple, as if in the heart, as if it was going to ache; increased heart action; pulse 120.

*Every pulsation felt through the brain.*

*Heart feels tired* as after a long run.

Increased heart action from least motion.

Circulation so active he could hear the blood pass through the ears and sound like escaping steam. Blood throbbed all through fore part of head; could feel it in every part of the body, even in the fingers.

*Tired feeling about the heart*, feels like taking it out to let it rest; it would be such a relief to stop it and let it lie down and stop throbbing. Pulse, 96; temperature, 98, nine A. M.

Every pulsation felt in the head and ears; a painless throbbing.

Sensation as if the heart was enlarged ; a distinct consciousness of a heart.

Pulse, 140, feeble and wiry ; temperature, 99. (Pulse, 160.)

Violent heart action which is very tiresome.

*Palpitation or increased action of the heart without corresponding increase of temperature.*

Palpitation worse from motion, better by remaining quiet.

Heart beats hard, has a laborious action.

Sensation as if the heart was too full of blood.

Heart beats very hard ; can be heard a foot away from the thorax.

Always can hear her heart beat.

Could not sleep from the whizzing and purring of the heart ; when she did drop off to sleep she was delirious.

*Chest:* "A severe hurting within the lower part of the sternum, sometimes extending to the joints of the ribs, and up to the throat, as if the œsophagus was being cramped ; a sensation of contraction, of drawing together."

Soreness of the chest ; purple spots on the chest.

*Neck and Back:* Weak feeling in the back.

Stitching pain in the back on coughing ; pain in small of back.

Throbbing of the vessels of the neck ; the carotids have a distinct wave-like throb. The throbbing is from the clavicle upward.

*Upper Extremities:* Abscess in left shoulder joint, in front ; seemed to be in the joint extending down the arm for three inches, the pain lasting till I went to bed. (From five P. M.)

Numbness of the hands and arms.

Hands cold and clammy.

Pain in the right lung and shoulder ; worse from coughing or talking.

*Lower Extremities:* Aching about the left knee as though the bones were broken.

Aching about the knees, deep in the bones, while sitting by a fire. Better by walking around and motion and by putting the legs on the stretch.

After going to bed felt a pain about the patella, by flexing the leg.

Tingling sensation on the right little toe as if frost-bitten.

Feet and legs seriously swollen.  $\phi$  Bright's Disease.

Legs swollen to utmost extent of skin.  $\phi$  Bright's Disease.

Numbness of the feet.

*Limbs in General:* Aching pains in the limbs; aching in the bones; aching all over the body as from a cold; aching with soreness of the flesh; the bed feels hard.

Cold extremities.

Numbness of the hands and arms, and of the feet, and the numbness extends over the whole body.

Child with cerebro-spinal meningitis *very sick*; there was automatic motion of the right arm and right leg; this kept up till it would turn her around from left to right till her feet would get on the pillow or touch the head-board. When righted in bed the same would be repeated at once.

*Fever, Chills:* "In all cases of fever commencing with pains in the limbs." (Swan.)

*Chilliness:* Chilly all night; the bed feels hard.

Feverishness.

Felt chilly, with increased action of the heart.

After getting into bed felt chilly, teeth chattered. Awoke at ten P. M. in a perspiration. Sweating mostly on upper part of the body.

Feels hot as if he had a fever, but the temperature was only 99°; feels as if it was 105°.

*Perspiration horribly offensive*, carrion-like; disgust up to nausea about any effluvia arising from her own body.

Cold sweat over the body.

Coldness and chilliness all day that no fire would warm; sits by the fire and breathes the heat from the stove; chilly whenever leaving the fire; at night when the fever came on he had a sensation as if his lungs were on fire, and that he must have fresh air, which soon brought relief.

Frequent calls to urinate as soon as the fever came on; urine clear as spring water.

*Sleep*: Dreams about various things—*about business*—dreaming all night; “dreaming that three ladies were stopping at the same house; we all had the diarrhoea and were all cured by *Aloe*.”

After sleeping awhile awoke to roll and tumble in every conceivable position.

Feels weak in the morning.

Activity of the brain prevents sleep; was making speeches and writing articles; could not keep my eyes shut. Could not sleep till toward dawn.

Restlessness relieved after sleep.

Cries out in her sleep that some one or a weight is lying on her.

Could not sleep from the whizzing and purring of the heart.

Whispers in her sleep.

*Nerves*: Great debility in the morning so that he staggered when trying to walk.

Great nervousness and restlessness.

Could not lie long in one place without moving. “Thought she would break if she laid too long in one position.”

Great prostration.

*Great restlessness, better when first commencing to move*; relief is but momentary; must keep up the motion.

Death-like restlessness or the restlessness of death or those in *articulo mortis*; amelioration from sitting up in a chair and rocking hard.

Symptoms of paresis; child could not stand nor walk; sat on the edge of the bed rocking the body back and forth—was relieved when in motion.

Restlessness relieved after sleep.

*Tissues*: Septic states.

Typhoid conditions.

Bones ache.

*Generalities*: *Aching all over*; *bed feels hard*; can lie but a few moments in one position; aching with soreness of the flesh.

The rapidity of the pulse, far above the temperature, seems to be a keynote.

“Knew he was going to have typho-malarial fever, which he



had two years previously, after a malarious exposure on a foreign mission field. Had every other day what he called 'dumb ague.' ” *Pyrogen.* cured.

Relief from heat. Very fond of the hot bath.

*Pyrogen.* has cured several cases of *blood poisoning*. It should be thought of in dissecting wounds.

The hard bed, the hard pillow, and the intense aching that they sometimes compare to lying on a pile of rocks shows the intense soreness of *Pyrogen.*; sometimes the patient declares that a train of cars has run over him.

Aggravation from sitting up in bed ; from rising up.

Amelioration of the death-like restlessness from sitting up in chair and rocking hard. Amelioration of cough from sitting up in chair.

In all fever cases when other remedies do not act, think of *Pyrogen.* (Swan.)

In septic poisoning from wounds, after abortion, accouchement, etc., etc., think of *Pyrogen.* (J. H. Allen.)

*Relationship*: “ *Pyrogen.* resembles *Arnica*, *Baptisia*, and *Rhus* in the aching and hard bed. It is more similar to *Rhus*, as the restlessness is better from changing the position, or motion. The restlessness is as great as in *Rhus*, and *Rhus* is an antidote to *Pyrogen*. The cough is more like *Bryonia* as it is worse from motion and in a warm room.” (Sherbino.)

*Pyrogen.* resembles *Ipecac* very closely in uterine hemorrhage. If you have an *Ipecac* case of uterine hemorrhage, and that remedy fails you, don't fail to think of *Pyrogen*.

## POTENTIATION PHYSIOLOGICALLY PROVEN.

PROF. DR. GUSTAV JAEGER, STUTTGART, GERMANY.

[Translated by B. Fincke, M. D. Continued from page 323.]

### a. THE HIGHER POTENCIES OF THE ALKALI SALTS.

As already previously stated and proved, I began to measure the higher potencies only after I had potentiated and measured all the seventeen salts until the point of indifference was passed.

At the same time, in order to save time, I made the change that I did not measure one decimal potency after the other, but always omitted one. Since the point of indifference with the different salts lay upon different potencies, next an unequalness arose in so far as the measured potency carried in one part of the salts an even number, in another part an odd number. In order to remove this circumstance, which prevented the gaining of mean values and also to establish a correspondence with the lower potencies, numbers were reckoned for the not-measured potencies by drawing the mean from the two measured numbers of the preceding and following potencies. In order, however, to express this also in the table, the reckoned numbers are printed in smaller type.

Furthermore, the reader will comprehend why I saved to me and him the laborious work of going farther than the 30th potency in seventeen different salts; from potency to potency the repetition of the same phenomenon is seen, when every new measurement brings nothing else than a confirmation of what already has been experienced dozens of times, then one says to himself: Why still more? Whoever is not content with this can go to work himself and continue it. Therefore I jumped from the 25th potency to the 30th, and, only after finishing the mentioned proving of the Kali-carbonicum according to the swallowing method, I ordered my assistants to carry the fourteen salts, the higher potencies of which I had investigated to the 1,000th potency and inserted the value of their measurement as last number in the table.

On the arrangement of table VII the following is to be said:

(a.) It contains as well the higher as the lower potencies of 6 Natrum, 4 Kali, and 4 Ammonium salts. By a stair-like line signifying the line of indifference, the higher potencies are separated in every group from the lower ones.

(b.) Besides, every salt having its series of numbers in the table, some other further series have been formed by reckoning, namely, 1. For every one of the three groups a series of mean numbers, just as it has been done in the table of the lower potencies. 2. Among every one of these three series of mean

# VII Table. Lower and Higher Potencies of 14 Alkali-salts.

(See original in German, *A. H. Z.*, p. 35.)

POTENCY.	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	25	30	1000	DIFFERENCE OF 3D AND 25TH POTENCIES.
Natrum-salts.																									
Mur.	-5	+6	+7	+23	+25	+28	+31	+34	+35	+36	+41	+53	+50	+47	+49	+52	+61	+71	+69	+67	+69	+71	+84	+84	76
Nitr.	-10	+2	+10	+21	+21	+27	+33	+39	+41	+43	+42	+42	+46	+50	+52	+54	+57	+60	+61	+63	+66	+69	+84	+80	79
Carb.	-14	-16	-2	+5	+9	+18	+25	+33	+39	+46	+43	+41	+46	+52	+53	+54	+56	+59	+60	+62	+66	+70	+84	+94	84
Sulph.	-19	-8	-4	+4	+6	+15	+22	+30	+38	+47	+45	+43	+45	+47	+51	+55	+56	+58	+61	+65	+71	+77	+90	+82	96
Phos.	-25	-31	-25	-20	-14	-10	+1	+7	+10	+11	+12	+10	+9	+14	+19	+24	+29	+34	+40	+47	+55	+87	+92	+69	112
Brom.	-35	-34	-30	-22	-16	-22	-13	-8	+4	+11	+18	+16	+14	+19	+25	+31	+37	+45	+54	+55	+57	+81	+80	+66	106
Mean of N. S. Difference	-18	-12	-6	-2	+6	+9	+17	+23	+28	+32	+34	+34	+33	+38	+42	+45	+49	+55	+58	+60	+66	+76	+86	+79	94
Kali-salts.																									
Jod.	-2	-1	-3	+11	+17	+28	+24	+41	+45	+50	+52	+55	+60	+66	+61	+63	+66	+69	+72	+75	+80	+85	+92	+95	87
Carb.	-37	-19	-16	-20	-8	+3	+10	+27	+32	+38	+42	+47	+48	+50	+53	+56	+61	+67	+70	+73	+81	+90	+92	+85	127
Phos.	-43	-28	-26	-25	-28	-20	-12	-12	-11	-8	-7	-2	+7	+6	+18	+33	+48	+50	+53	+60	+67	+89	+95	+65	132
Brom.	-70	-45	-33	-31	-26	-32	-26	-25	-28	-19	-17	-13	-7	+5	+11	+26	+41	+38	+35	+35	+35	+43	+68	+50	138
Mean of K. S. Difference	-38	-23	-20	-16	-11	-5	+1	+8	+10	+15	+18	+22	+27	+32	+37	+47	+54	+56	+58	+61	+66	+77	+87	+74	125
Ammonium-salts.																									
Carb.	15	3	4	5	6	6	6	7	2	5	3	4	5	5	5	7	10	2	2	3	5	Mean Diff. 5.2			
Mur.	-50	-36	-36	-24	-37	-21	-12	-7	+4	+3	+9	+9	+10	+15	+22	+24	+27	+44	+61	+69	+77	+84	+93	+82	134
Phos.	-34	-22	-25	-30	-23	-19	-10	-2	+4	+8	+9	+10	+12	+15	+19	+30	+42	+50	+59	+67	+75	+80	+90	+72	114
Brom.	-64	-44	-46	-41	-26	-47	-32	-31	-20	-15	-11	-12	-13	-17	-13	-8	+12	+4	+10	+15	+20	+43	+34	+62	107
Mean of A. S. Difference	-63	-43	-45	-40	-35	-38	-32	-29	-29	-25	-18	-23	-22	-33	-24	-21	-15	-8	0	+14	+9	+12	+13	-1	75
Carb.	-48	-36	-38	-34	-30	-31	-22	-17	-10	-7	-3	-4	-3	-5	+1	+6	+17	+23	+33	+44	+45	+55	+58	+103	
Total Mean, Total Differ- ence, . .	12	-2	4	4	4	-1	9	5	7	3	4	-1	1	-2	6	5	11	6	10	11	1	Mean Diff. 4.6			
	-35	-24	-21	-17	-12	-9	-1	+3	+9	+13	+15	+17	+19	+22	+27	+31	+40	+45	+50	+55	+59	+69	+77		
	11	3	4	5	3	8	4	6	4	2	2	2	3	5	6	7	5	5	5	4	Mean Diff. 4.7				



numbers which, of course, likewise show anteriorly minus, posteriorly plus values is a further series of numbers which (with some exceptions) have no signs. They indicate the difference of potency-numbers between which they are placed; they therefore teach by how many points the neuro-analytical number has been shifted from potency to potency. The last of these difference-numbers is between the 22d and 23d potency, then with the remark "mean difference" follows in each of the three series another number which is the mean of all difference-numbers of the series. 3. The lower end of the table is formed by two horizontal series of numbers: the upper series, which shows the numbers of plus or minus signs, gives for every potency a mean neuro-analytical number, formed out of the three mean numbers of the three groups, and the lower series of numbers without sign gives the difference from potency and at the end of the mean out of these differences (see table VIII).

Let us first comprise the whole result of the table in words as short as possible.

The series of numbers teach with the most powerful language possible in this department, viz.: that of numbers, that the potentiation actually is a gradual *increase of the motor-value* of a substance, and that here something similar to temperature is concerned; a point of zero exists for every substance in a concentration which leaves the *tempo* of the *vital motions* unchanged, evidently, because the motion of the molecules has the same velocity as that of the molecules who are already in the body. On both sides of this point of zero potentiation produces the same difference as heating. If *heat* is conducted to a cold body, the *coldness decreases* and if *heat* is conducted to a warm body the *heat increases*. Exactly so it is with potentiation; if a substance which acts *retarding, paralyzing* upon the vital motions is potentiated, the *paralytic effect* decreases, and if the substance is potentiated, which *accelerates the vital motions*, the animating effect increases. Anything clearer, according to my knowledge, cannot exist. If we add to this the experiences of daily life, which I gathered in my pamphlet, the *Homoeopathic Attenuation* as—e. g., the increase of the animating power of wine



with increasing attenuation of its *bouquet*—it is indeed incomprehensible how it is possible that on the value and essence of potentiation such a diversity of opinion can exist as is actually the case.

Holding on to the last number of the table: this says that between the 3d and 23d potency in the mean every potency augments with me the physiologico-motorial value by 4.7 points if the proving is made exactly as I did.

Let us now consider some more details of the table.

(a.) The series of numbers of the single salts teach that in none of them the changes of their motor-value is a *uniform* and *direct one*, great progresses alternate with suspensions as well as regresses, therefore the same phenomena as we have experienced with Kali-carbonicum, and as it also appeared regularly in our first measurements in the *Neural Analyse der hom. Verdünnungen*. The return of this occurrence without exception testifies that this is in the nature of the thing and not in the imperfection of the method.

(b.) The same appearance meets us also in the three series of the mean numbers, only naturally the irregularity is here less striking than in the series of the detail because a mutual equalization takes place, and this naturally is still more the case in the series of the total mean numbers. Let us now consider them singly: with the *Natrum*-salts the highest shifting effect is 8 plus, the least 1 minus point; therefore, a difference of 9 points. With the Kali-salts, there are no retrogressions (minus-values) in the mean, the least effect is + 2, the greatest + 15; therefore, difference, 13 points. With the Ammonium-salts the irregularity is in so far the greatest as here minus values appear 4 times, the maximal difference is 14 points. Further remarks on this see below. In the series of the total mean numbers retrogressions are deficient, the maximal difference is (11-2) 9 points.

(c.) If we consider the differences of the detail series, most strikingly different is the Brom-Ammonium, the obstinacy of which toward production of indifference we have already mentioned before. Here we have up to the 30th not only 5

retrogressions, but also uncommonly large ones—*e. g.*, from the 15th to 16th potency by 11 points—so that the 16th potency sinks under the value of the 9. When communicating to a chemist, one of my former colleagues, this singular behavior of the Brom-Ammonium, he informed me that this combination embarrassed also the chemists because it was *so easily decomposed that its vapor-density could not be determined*, whilst this was not the case with the other salts by me. This was again a remarkable proof for the certainty of Neural Analysis; it had recognized with an insuperable distinctness that this salt essentially differs from all others. Besides, this was interesting by itself. We have repeatedly found cause to make a comparison of potentiation with calorification. Now here the comparison makes itself felt forcibly. The chemist explains the abnormal behavior of Brom-Ammonium by the circumstance that in determining the vapor-density the necessary heating causes its decomposition; should not the abnormal behavior in potentiation be attributed to the same cause—*i. e.*, a decomposition—and consequently the potentiation be a similar process as the heating—*i. e.*, an increase of the velocity of motion of the molecules—to which already other phenomena and considerations point forcibly? When I had my conversation with the chemist, my investigation of the salts had only progressed as far as the 30th potency. When afterward I resolved to carry all the 14 salts up to the 1,000th potency, I was naturally very eager to know how it would be with *Brom-Ammonium*. The result was perplexing: whilst the 1,000th potency in all other 13 salts gives high animating effects (see below further remarks), I obtained with Brom-Ammonium—minus 1—*i. e.*, *nothing! Indifference!* Of course, I have repeated the measurement several times, but always with the same result: the other 13 salts gave regularly their higher animating effects, Brom-Ammonium persistently nothing and again nothing. By the way, this is one of the cases which show the total ridiculousness of the assertion of the world-wise critics: “that the numbers of Neural Analysis are products of imagination and arbitrariness.” How, then, is it possible that another number appears than the one imagined,

and that with persistence? The critics are incredible hair-bristling fellows.

On this matter the following is yet to be remarked: *First*, that it would not occur to me in a dream to reject the Brom-Ammonium on account of this one experiment, for this a careful, several times repeated, after-proving is necessary which, however, I leave to those who take a special interest in Brom-Ammonium, which I do not. *Second*, if this abnormal behavior of Brom-Ammonium finds its expression again and again in the most exact after-proving, it may be expected that there are also other substances which are behaving similarly and in too high potentiation become *nothing*, which *practically* and *theoretically* is of the greatest importance. *Third*, it is of course too soon before repeated after-proving to try an explanation, but it is nevertheless natural to at least think about it, and hence I came to the conclusion if Brom-Ammonium in potentiation always behaves as in this one experiment there is no other conclusion possible than that *Bromine is no element*. It is clear if in potentiation Brom-Ammonium is decomposed into two parts of Bromine and Ammonium, these substances during the course of potentiation are simply potentiated further, and from these a potency near the 1,000th is formed which cannot be *nothing*. Also, when the Ammonium is decomposed into omnipresent therefore impotentiable elements, nitrogen, hydrogen, and oxygen, we do not make any progress as long as the *Bromine* will remain, only when this resolves itself into omnipresent elements indifference might, respectively, would have to occur. I will make only one more remark on this: supposed the after-proving renders a different result than what I obtained viz., that the 1,000th potency of Brom-Ammonium prove just as positive as the 1,000th potency of the other salts, we stand indeed before a greater enigma, for a confusion is impossible with the vials marked on corks and labels; what, therefore, has happened? Enough! Whoever takes an interest may follow that matter up.

(d.) In the detail-series and in the series of the mean numbers the procedure is only from potency to potency up to the



23d potency, then follows a jump from the 23d to the 25th, a second one from 25th to 30th, finally one to the 1,000th potency. At the *first* jump only two potencies are concerned, in accordance with the quantity of the difference. In the *Natrum*-salts the difference is between the 23d and 25th 10 points, therefore something more than double as much as the mean difference between 2 neighboring potencies (4.1); in the *Kali*-salts is the same correspondence: it is about the double of 5.2; just so it is with the Ammonium-salts (10 against 4.6) and with the total difference (10 against 4.7). I mention this only because this correspondence repeating itself *four times*, can impossibly be a product of imagination or arbitrariness. At the *second* jump of the 25th to 30th potency there is a difference of 5 potencies with opposed difference of only 10 points. Here, again, it is so remarkable and testifying in a high degree for this method that this difference of 10 points is the *same* in *all* three groups of salts and then of course also in the total mean. But  $\frac{10}{5}$  is only 2. Now the number 2 indeed occurs variously in the series of the difference-numbers from the 3d to 23d potency, but 5 times successively, *never*; what does this signify? How can this sudden little decrease of the potentiating effect be explained? Still more glaring this circumstance appears at the third jump from the 30th to the 1,000th potency, for here the matter stands thus: if we abstain from Brom-Ammonium, the numbers show only in 3 salts a progress of the animating effect from the 30th to the 1,000th potency, in kitchen-salt the numbers are equal and in 9 salts a retrogression has taken place. Does not this all strike in the face what we have said hitherto? In order to answer this question we must compare both series of investigation, the series of the experiments by swallowing with Kali-carbonicum, and the present experiments by inhalation with the 17 salts. The former has shown us that in the heightening of the motor-effect by potentiation *two factors* are concerned, the *intensity* and *duration* of action. Especially we saw there that in relation to the latter factor the duration we have to distinguish two phases, a *first* and an *after-*



action, that this latter gains its full developement only at the 30th potency, and, finally, that the eminent action of the 1,000th potency depends mainly upon the exceedingly long duration of an exceedingly high first-action and again of a long-lasting moderate after-action. Now all this is of no consequence in our proving of the 17 salts, because I took in all potencies only 4 decade-numbers, and then broke off the measurement. The moment of time, therefore, is in this kind of proving entirely out of consideration, and on the questions whether under continued protentiation the duration of action increases, whether after-actions occur which again are very different in height and duration, as our swallowing experiments taught, we do not get an answer at all. I also draw the attention to the difference in the two modes of measurements. The table I gives for every potency of Kali-carbonicum a whole series of numbers (from 15–33), our table VII only *one single* number. Here also the question arises: can the series of numbers which the potencies of Kali-carbonicum received in table VII in any way compare with the numbers of table I? This question cannot only be answered with “yes,” but its answer is also instructive for the estimation of the two modes of ingestion of the medicines: deglutition and inhalation, therefore we shall approach the matter nearer, though not here but in a later part of this work, since I have performed still other measurements for the sake of answering this question, and cannot here communicate them as it were in parenthesis. I only say here that the so differently obtained series of numbers for the potencies of Kali-carbonicum do not contradict themselves, as will be shown later, but correspond so well, as it is at all possible in two investigations which (1) are so far apart in time, (2) are made according to different methods, and (3) were executed with two different objects—*i. e.*, with two doses of medicine potentiated at different times in different vials.

(e.) If we now still compare the salts with each other according to their higher potencies (it will according to the remarks sub d) recommend itself to leave out the 30th and the 1,000th potency; for since their main action and the essential of it, the

long duration, finds no expression in our numbers, the comparison is also of little value; on the contrary, it recommends itself for the potencies from 3 to 25. For this purpose the last vertical column has been made which gives the differences between the numbers of the 3d and 25th potency of every salt and of the mean values of each of the three groups. We call this difference the *total potentiating effect*. These numbers teach us that also here as in the position of the point of indifference and in the behavior of the lower potencies remarkable differences exist among the various substances. If we leave aside the abnormal Brom-Ammonium a rule—though not without exception—meets us: *the less the paralytic effect of the 3d potency, the less the total potentiating effect; and the greater the first, the greater the latter*. Let us examine this closer. In the Natrum-salts the ascending series of the total-effect-numbers from above downward corresponds with the equal behavior of the numbers of the 3d potency, but with the exception of *Brom-Natrium*; this retrogresses with the number 106. In the *Kali*-salts the rule is verified completely and contrary to the Natrum-salts, even the Bromine-salt makes no exception. In the *Ammonium*-salts only the two first correspond with the rule, inasmuch as not only the Bromine combination, but also the phosphoric salt are opposed to it. On comparing the *Natrum* and *Kali* salts it appears not only in the mean numbers that the potentiating effect at the latter is proportionately greater than in the first, but also in the single ones—*e. g.*, *Iod-Kalium* with —2 in the 3d potency should according to the rule show a weaker total effect than kitchen-salt with —5 in the 3d potency, but it is the reverse: 87 against 76. *Brom-Natrium* with —35 and *Kali-carbon.* with —37 should have an approximately equal total effect, but the first has 112, the latter 127. Of the two *Ammonium*-salts following the rule, only *Ammonium-muriaticum* with —34 in the 3d potency is open to comparison, and here the total-effect-number 114 corresponds very nearly with that of *Brom-natrium* (112). If now we give another construction to the rule expressed in these numbers, it would be: for the potentiating homœopath the degree of poisonousness of a substance in poisonous concentration is gener-

*ally no reason* to exclude a substance from the list of applicable medicines, for in a sufficiently high potency this difference disappears more and more, and even the most poisonous substances gain sufficient animating power to functionate as remedies. Now nobody will be able to contend that this numerical result of my Neural Analysis does not correspond exactly with the condition of practical Homœopathy, which hesitates not a moment to administer the strongest poisons as remedies just as well as it operates with such harmless substances as kitchen-salt, Sulphur, Carbon, etc. But : also this taught the neuro-analytical numbers : *nulla regula sine exceptione !* Whilst of the 6 Natrum-salts the 25th potency appears with numbers between +69 and +87 of 3 Kali-salts with +85 — +90, of 2 Ammonium-salts with +80 and +84, *Brom-kalium* and *Ammonium-phosphor.* place themselves as *exception* on the opposite side with the numbers +43 in the 25th potency. These two substances defend their severe paralytic power in the 3d potency with the numbers —70 and —64 with an obstinacy as no other (*Brom-Ammonium* excepted which is already disposed of). Not only up to the point of indifference, but also in the higher potencies it shows itself by a slower increase of the potentiating effect. A conclusive judgment on this point can evidently only be obtained by a duration-measurement on the deglutition method, as was done with Kali-carbonicum. I am convinced that on extension of these investigations of further groups of substances enough such obstinate substances will be met, and I have already given hints in this direction when speaking of Brom-Ammonium.

(f.) Now we return once more from the *exception* to the *rule*. The fact is that not only Homœopathy without hesitation resorts to the most violent poisons, but many practitioners say that the *most violent poisons* become the *most powerful medicines* by the process of attenuation. Also this view can be sufficiently confirmed by the numerical material—*First*, by the difference between the *Natrum*-salts on one hand and the *Kali*-salts on the other hand. That the Kali-salts are more poisonous than the Natrum-salts is the common result of neural analysis and other experience, and aside of two exceptions the 25th po-



tency has at the first higher animating effects than at the latter (85, 90, 89 with Kali-salts, 69, 70, 71, 71, 77 with Natrum-salts). *Second.* Next, the Brom-Ammonium, already spoken of among the Natrum-salts, the phosphoric Natrum with —25 in 3d potency has the greatest poisonousness and its 25th potency rises with +87 beyond the animating value of all the others. *Third.* After the Natrum-salts the *Sulphuric* salt with —19 in its 3d potency approaches in poisonousness nearest to the phosphoric salt; to this corresponds that its 25th potency with +77 according to the number of the phosphoric salt is the highest among the Natrum-salts. *Fourth.* Also at the Kali-salts we find proofs: The weakly poisonous Iod-Kalium has in the 25th potency with +85 less animating effect than the more poisonous phosphoric and carbonic salts with +89 and +90. *Fifth.* Among the Ammonium-salts the carbonic and hydrochloric salt stand in equal proportion; the more poisonous first has in the 25th potency +84, the less poisonous latter only +80. Therefore, also in this respect the numerical result harmonizes with views which owe their origin to practical experience, and this also may be considered as a correspondence that only rules are concerned of which there are exceptions, and not commonly valid patterns.

“Well, if that is so, then Neural Analysis, properly speaking, brings nothing new!”

That it shall and will not bring; what it will and can is that in the place of more or less vague opinions and doubtful assertions brings “security, certainty,” instead of words “numbers,” and that it removes Homœopathy out of the obscurity of mysticism, from the department of pure empiricism to the clear light of the exact—*i. e.*, measuring and calculating—*science*.

As conclusion remains for this chapter of numerical material, the construction of curves from the numbers for the better illustration.

Table No. VIII. Curves for eight neutral salts. (See original *A. H.* 2, p. 39.)

In the foregoing table of curves I have given only 8 of the measured 14 salts, for at the present scale all 14 salt lines



could not well be represented without destroying the lucidity. In this limit the curves of each of the seven salts, the names of which stand at the left side, can be clearly followed. The greater clearness also necessitated, as in the curves of the Kali-carbon, to simplify the net of lines inasmuch as at the vertical potency lines as well as at the horizontal lines the value of the effects was left out of every other line.

The thick horizontal line marked O is *the line of indifference*, *beyond* it lies the scale of the animating effects, provided with plus-signs; *below* it the scale of the paralytic effects, provided with minus-signs. The horizontal series of numbers at the top of the table gives the scale of the decimal potencies.

The curves of the three represented Natrum-salts are drawn with *uninterrupted* lines, and for greater clearness the curve of the *saltpeter*, which runs very near to that of the *kitchen-salt* is distinguished by a thin line, different from the kitchen-salt line. For the curves of the three Kali-salts a line of *small dashes* was used, and the line of the phosphorus-salt was made more conspicuous by inserting points between the dashes. For the two Ammonium-salts *crosses* were used; for the Bromine-salts only crosses; for the phosphorus-salt alternating crosses and points. The curve of the latter salt begins on the table at the 8th potency in the interest of clearness, for from 3 to 8 it crosses the next curve so frequently that the picture would have become confused.

I do not want to tire the reader by repeating the example of the curve of what I communicated to him on reading the table. I only want to draw the attention to what the curve shows more distinctly than the table, viz. : that *every* curve shows a *peculiar specific rhythm of its course*, and that in this the similitude, as well as the specific differences, find expression. Surprising, for instance, is the peculiar corresponding irregularity of the curves of the two Ammonium-salts in opposition to the corresponding regularity of the curves of Natrum-mur. and Nitr. It is also seen easily that the curves of the salts which have equal or similar acids (resp., halogens) are more similar to one another than when acid and base are different. This appears clearly at

the Bromine-salts and the phosphates. These appearances of the curves would naturally be observed in much greater extent and distinctness if all the 14 salts had been represented graphically, and like with the Kali-salts; also, the lower half of the three relegated salts had been inserted. As said before, they, after ascertaining the indifference, were set back for the reason that their numbers so nearly coincided with those of Kali-carb. Still, I have for myself drawn the curves of the four so similar Kali-salts: they run so near together, in such corresponding rhythm, and yet through each other so individually that even in double as great a proportion as the above table of curves, the single lines cannot be followed clearly without the help of different colors. The numbers of table III enable the reader to do as I did, if he has a taste for it, the picture will startle him, as it did me at the time.

Herewith I conclude the communication of the numerical material which the labor of the past winter has furnished for potentiation, and in the following sections the communications of the further physiological phenomena are added, which I had an opportunity to observe at the mentioned work. These are of no less interest and proof for the doctrine of potentiation, than the numbers obtained; practically they are, perhaps, even more important than these, at least at the present state of the matter.

[TO BE CONTINUED.]

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## HOMŒOPATHIC AGGRAVATION.\*

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A false notion concerning the action of homœopathic remedies is prevalent among the laity, and I might add that many practitioners of Homœopathy entertain the same erroneous conception. I refer to the thousands of times expressed opinion that a homœopathic drug could do no harm if it did no good. Several bitter experiences have inculcated the lesson indelibly upon my mind that the above idea is far from being true. When a case has been well taken, it often occurs that the simillimum

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\* Prepared for the Kansas State Homœopathic Society.

is an exceedingly dangerous agent, and will produce disastrous or dangerous aggravations. In some instances this is true of the higher or highest potencies, but I think usually we meet these manifestations from the use of the low or material doses. It is unnecessary to remark that the last observation does not apply to remedies that in the crude state are inert, such as Silica, Lycopodium, Calcarea-carb., etc. Some of the best minds of our school have declared that in tuberculosis pulmonaris, Sulphur, Phosphorus, and a few other of our antipsorics are to be strictly avoided, as they render the case positively incurable, and materially hasten the fatal issue. Whatever the explanation of this fact may be, no homœopath can disregard it without doing disastrous work, both as to the reputation of himself and Homœopathy, and the welfare of his patient. But it is more particularly in the management of everyday acute bedside clinics I desire to offer a few ideas and experiences.

Many years ago I remember attending a young lady through an attack of pneumonia. The disease ran an ordinary course; and, as I saw it fifteen years later, reached convalescence in *spite* of my miserable alternation of two or more remedies. So I made my final visit, and there was not a single symptom upon which to hang a prescription. Convalescence was progressing perfectly and rapidly, and nothing further in the line of medicine should have been given. But he is well advanced in the science of Homœopathy who has learned to let well enough alone. Being so sure that our remedies in potentized form can never do any harm, I left a few powders of Ars.<sup>3x</sup> to be given every three hours. The result was something terrible. Here was a patient recovering satisfactorily, and what inane devil could have induced me to make this foolish and inexcusable blunder I do not know. In a few hours I was recalled, and witnessed a perfect picture of Arsenical poisoning. The extreme dyspnœa, restlessness, and fear of death, unquenchable thirst, etc., were all present. Hepatization of upper lobe of left lung soon developed. (The lower lobe of right lung was the seat of the original attack.) I had now to deal with one of



the worst cases of pneumonia that I have ever seen recover, all due to three or four powders of Ars.<sup>3x</sup>.

I learned a lesson from this fearful mistake that I have never forgotten. I have often tried to analyze my motive for giving Ars. in this case. Reason I certainly had none, and I remember mumbling some sort of nonsense about "tonic effect." But I think the uppermost thought in my mind was that something was expected of me by the friends, and it did not make any difference what homœopathic remedy I gave, as it could not possibly do any harm.

I have now to relate one of the most painful experiences of my professional life. It is one of the memories I fain would forget, and I only drag it to light in the hope that it may stand as a danger mark to others as it has since done to myself.

A teething babe of fifteen months came into my hands for treatment. Chamomilla was indicated, and under that remedy there was temporary improvement. But three or four days later I was called in again, and found the following symptoms:

Frequent diarrhœic discharges.

Stools green as grass.

Colic before and during stool.

Constant nausea.

Skin moist and pallid.

Hands cold as death.

Great lassitude and desire to remain quiet.

This is an Ipecac picture that the tyro in homœopathies should recognize. My intention was to have given this remedy in the 30x or 200x, and I assured the parents that there was no occasion for alarm. Turning to my medicine case I found that by some strange and sad misfortune I had but the 2x trit. With an ill-defined sense of disappointment—which I now wish had been intensified ten thousand times—I dissolved two grains of the accursed stuff in half a glass of water, and ordered a teaspoonful to be given every half-hour until improvement was apparent. In less than an hour I was hastily summoned, and found terrible exacerbation of all symptoms, particularly that of nausea. The second dose had been given and the nausea was



agonizing and incessant. Suffice it to say that in a few moments after my return—it died! By the light of a later and better experience I see that a drop or pellet of Ipecac<sup>200x</sup> would have saved this precious life; and I can only offer St. Paul's excuse for killing God's saints: "I did it ignorantly in unbelief."

But a short time after this most painful experience I met with another that was fully as instructive, and infinitely pleasanter in its termination. The patient was a lady who had been an invalid many years, and had taken enormous quantities of crude drugs from allopathic hands. This had continued until her stomach revolted and would tolerate no more massive dosage. And this extremity was Homœopathy's opportunity. I will give as concise a picture of the case as possible. A diagnosis I will not offer as the prescription was based entirely upon symptomatology.

A large, fleshy, fair woman, aged fifty years.

Sitting perpendicularly in bed; could not bend forward because of enormous gaseous distention of bowels and stomach. Lying back the slightest degree impossible because of dyspnœa.

Very loud and nearly constant belching that afforded no relief.

Tremendous palpitation of the heart that shook the bed.

Several severe attacks of hemoptysis during the day, due undoubtedly to mitral insufficiency.

A cold, general perspiration, very profuse. During my examination a peculiar and prominent symptom developed: The feet became very uneasy, and finally the heels pounded the bed with great rapidity like a pair of drumsticks. This last symptom was a puzzler, and I could remember nothing like it under any remedy. Zincum-met. occurred to my mind as having excessive fidgetiness of the feet, but that remedy could not cover the other prominent indications. So leaving the pedals to take care of themselves, I dropped one minim of China<sup>30x</sup> upon her tongue. In two or three minutes her eyes flew open, stared me in the face, and she cried out: "My God! doctor, what have you given me? I'm drunk!" She fell back upon her pillow

with these words, and was immediately asleep. The friends were frightened and astounded, but I assured them that she was all right. As I looked upon this magical effect of the infinitesimal dose, *I was born into the kingdom!* The damnable veils and fogs of materialistic sophistries and unbelief were torn aside forever, and I stand to-day a champion for the Homœopathy of Hahnemann.

But to return to my patient. She slept soundly all night, a thing that she had not done for many months. Two or three more doses of the remedy were given as required, and in a week she was walking about her garden.

The point I would accentuate in this report is this: Had I given her a material dose of China, it would have killed as certainly as did Ipecac<sup>2x</sup> the poor babe.

My honest and earnest advice to all hearers or readers of this paper who are not sound in the faith and practice of Homœopathy is that you immediately abandon all slovenly prescribing, and diligently seek the indicated remedy at all times. It is truly wonderful how satisfactory and beloved your work becomes, and it is a sure road to professional and financial success.

I am not making a fight for high potency. The man who seeks and finds the simillimum will learn to dread it in material doses as he would a deadly serpent.

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PROFUSE NOCTURNAL ENURESIS.—A boy of five years was passing frequently large quantities of pale urine; every night, besides being taken up two or three times to urinate, he soaked two mattresses.

His stools are of normal consistence and regular, but gray, or mixed gray, in color. He is irritable and seems puffy under the eyes. He eats heartily and sleeps soundly. *Plantago*<sup>200</sup>, (Jenichen.)

Three doses seemed to restore a normal condition, his urine became natural in quantity, and he no longer wet his bed at night, his stools became natural in color, and he was no longer irritable.

T. F. ALLEN, M. D., in *Journal of Mat. Medica.*

# PROVINGS AND CLINICAL OBSERVATIONS WITH HIGH POTENCIES.

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## THROAT.

### ARSENIC<sup>6M</sup>.

*Throat very sore*, just as from an injury to her throat; swelling of the pharynx.

### APIS.

Sore throat; burning sensation with some swelling.

### ARUM-TRIF.<sup>16M</sup>.

Sores on the throat; patches of ulceration, small and superficial.

Burning of pharynx and glottis; hoarseness.

### BARYTA-CARB.<sup>CM</sup>.

Sore throat; dark-red, very large tonsils.

Cured chronic inflammation and enlargement of cervical glands; right side mostly affected; had resisted all other treatment; woman, æt. forty-five.

### BELL.<sup>101M</sup>.

Feeling of lump in throat; dryness; swelling; nausea attends the feeling; throat constriction.

### BUFO.<sup>4<sup>th</sup> I</sup>.

Violent sore throat; pharynx so sore and swollen it is difficult to swallow food; verified frequently.

### BROMINE<sup>CM</sup>.

Feeling of constriction in throat; an early symptom.

Caused very sore throat; later in proving.

BURSA-PAST.<sup>9M</sup>.

*Throat slightly sore*; dryness on swallowing; tonsillitis, tonsils swollen out on a line with angle of jaw.

Slight sore throat; upper part of his pharynx sore.

Stopped taking the medicine for eighteen days. On resuming it upper part of his throat became very sore as before.

Above remarks are the summary of many provings.

*Swelling of the throat* and face affects the left side mostly.

CAPSICUM<sup>1M</sup>.

Sore throat, hoarseness; dryness; burning pain on swallowing.

CAULOPHYLLUM<sup>5M</sup>.

*Hoarseness and loss of voice*; symptom not a prominent one.

CUPRUM-ACET.<sup>45M</sup>.

Throat very sore; pains her much; tries to raise phlegm, but raises little.

DIGITALIS<sup>CM</sup>.

Choking when she tries to swallow (spasm of glottis); only an occasional symptom.

ERECTHITES<sup>10M</sup>.

Throat slightly sore.

EUPAT-PERF.<sup>CM</sup>.

Throat dry; becomes at times hoarse.

GETTYSBURG-SALTS<sup>45M</sup>.

Hoarse, dry throat, as if scraped.

KALI-BICHR.<sup>2C</sup>.

Cured speedily what is often called diphtheria; white patches on the tonsils; diphtheritic sore throat.

Cured congestion of the vessels; ulcers due to Mercury and syphilis.



KAOLIN.<sup>45M.</sup>

Sore throat in a slight degree.

LACH.<sup>6</sup>

Has produced very sore throat ; sense of constriction with it.

KALI-HYD.<sup>CM.</sup>

Caused complete loss of voice ; husky, croaking voice like croup.

MENTHA.<sup>5C.</sup>

Very sore throat of a transient kind ; mucous surface of the throat sensitive.

MERC-VIV.<sup>101M.</sup>

Left side of throat sore ; mostly prominent and reliable symptom ; tonsils and pharynx very much swollen and inflamed.

## IODINE.

The inhalation of the vapors of Iodine, by placing a few drops of the tincture in a basin of boiling water, the child inhaling this under a sheet, has dislodged and expelled the membrane in two cases of apparent suffocation from diphtheria in trachea. Kali-bichr., 2C, given internally.

NITRIC-ACID.<sup>5C.</sup>

Rapidly cured a case of syphilitic sore throat, ulcerative.

Sore throat with coryza and hoarseness ; ulcers with well defined edges as if punched out.

PIX-LIQUIDA.<sup>5C.</sup>

Throat seemed quite sore, lasting several days—not a marked symptom.

PETROL.<sup>CM.</sup>

Throat has a burning sensation mostly on swallowing.

PALLADIUM<sup>20M</sup>.

Slight sore throat.

PHOSPHORUS<sup>CM</sup>.

Dryness in the fauces; burning sensation low down in pharynx; spitting and hawking.

Choking, constant desire to swallow, with burning sensation at epigastrium.

PLANTAGO-MIN.<sup>11C</sup>.

Choking sensation; constriction of the throat.

RHUS-TOX.<sup>105M</sup>.

Sore throat, tonsillitis; considerable swelling.

SULPH-AC.<sup>5C</sup>.

Dryness in throat; soreness, nausea attending it.

TARAXACUM<sup>67M</sup>.

Constriction felt on swallowing; feeling as if the throat was too small; a very marked symptom; muscular soreness in neck, shoulders, and chest.

THERIDON<sup>5C</sup>.

Sore throat for a week; difficulty in swallowing.

CROTON-TIG.<sup>2C</sup>

Causes sore throat; felt mostly near the larynx, and while swallowing.

FORMICA<sup>45M</sup>.

Felt as if an abscess was forming in her tonsils; left side worse than right; throat was very sore on swallowing or drinking.

VERBASCUM<sup>45M</sup>.

Cured quickly a very severe pain in pharynx on swallowing ; chronic case ; accompanied by dyspeptic symptoms.

## APPETITE.

ACTÆA-RAC.<sup>5</sup>.

Complete loss of appetite.

ARSENIC<sup>6M</sup>.

No appetite ; nausea.

COCHLEARIA<sup>10M</sup>.

Very hungry, unnatural craving for food.

CUPRUM-ACET.<sup>95M</sup>.

*Taste as of something putrid ;* nausea ; no appetite.

FILIX-MAS.<sup>1M</sup>.

He spits up or raises some food soon after taking it ; weight at epigastrium ; giddiness ; sick stomach.

IODINE<sup>17M</sup>.

Nausea ; foul breath.

KALI-HYD.<sup>CM</sup>.

Eructations ; loss of appetite.

MERC-VIV.<sup>101M</sup>.

Complete loss of appetite ; coated tongue.

NUX-VOM.<sup>94M</sup>.

Vomits frequently ; had to force himself to eat.

POLYGONUM<sup>42M</sup>.

Burning sensation at epigastrium with nausea.

PSORIN<sup>42M</sup>.

Appetite much better ; she has to get up in the middle of the night to eat ; desire for crackers or bread.

PULSATILLA<sup>CM</sup>.

Giddy, weak, sick at stomach, no appetite.

SAMBUCUS<sup>45M</sup>.

Complete loss of appetite.

Everything nauseates ; giddiness a marked symptom.

SULPHUR<sup>CM</sup>.

The peculiar faint and hungry feeling which comes over one, particularly at night, when proving Sulphur high, is very remarkable and characteristic ; they want food, usually bread, at once, or they think they will suffer or perish ; it is a sensation of faintness with hunger and longing for food.

Great gnawing hunger ; thinks she will die unless she gets something to eat quickly.

SEPIA<sup>45</sup>.

Cured permanently an empty hungry feeling in epigastrium ; severe dyspeptic symptom ; had it for years.

## STOMACH.

ARSENIC<sup>6M</sup>.

Not much thirst ; eructation after eating.

APOCYNUM<sup>6M</sup>.

Feels hungry, and when she tries to eat pain comes in epigastrium ; food apparently sour.

Vomits very often ; sick at stomach ; two last symptoms appear after several days' proving.



AGARIC.<sup>2M</sup>.

Nausea ; vomits often, and a great quantity of fluid.

ACTÆA-RAC.<sup>5C</sup>.

Nausea ; uncertain feeling in epigastrium.

OPIUM<sup>69M</sup>.

Nausea ; foul breath ; coated tongue.

ARANE<sup>45M</sup>.

Vomits frequently ; every day of the proving.

ARUM<sup>16M</sup>.

Feels sick or qualmish ; does not vomit ; slight burning sensation at epigastrium.

BELL.<sup>101M</sup>.

Vomiting began on second and third day.

Sick and fainty very often ; very pale ; cannot keep much on her stomach.

Cannot keep food in any quantity on his stomach ; passes water freely ; feels weak ; unable to work or think ; head is light ; nausea a prominent and reliable symptom of potentized Bell. It has cured frequently the persistent vomiting of pregnancy when nothing else would.

Great thirst ; does not care much for food ; wants to drink, it does not satisfy ; burning sensation in pit of stomach ; taking fluid increases distress in epigastrium ; in the provers of Bell. high, most of them complain of a pressive pain running back of the middle of the sternum.

BRY.<sup>103M</sup>.

Pain in the epigastrium with slight nausea.

BURSA-PAST.<sup>9M</sup>.

Pain in his stomach and feels generally as if he would be sick ; feels like vomiting.

Crampish pain in his stomach as a later symptom ; coming and going, only lasting a short time.

CHELIDONIUM<sup>5C</sup>.

Vomited his meals several times ; chilly sensations afterward.

COLCHLEARIA<sup>10M</sup>.

Occasional cramps about the umbilicus.

CUPRUM-ACET.<sup>45M</sup>.

*Cramps in the stomach* and small bowels ; severe cutting pains extending to inguinal region ; nausea ; coldness ; thirst ; vomits often.

DRACONTIUM<sup>10M</sup>.

Constant eructation of wind and rumbling of wind in \*abdomen.

EUPION<sup>2C</sup>.

Stomach felt sore and swollen ; abdomen not sore on pressure.

FERRUM-ACET.<sup>2C</sup>.

Deathly sick at stomach with vomiting. This symptom appeared three days after taking the medicine ; never happened so before.

GELSEM.<sup>CM</sup>.

Vomiting occasionally ; stupid feeling about head.

HYPERICUM<sup>45M</sup>.

Great pain in stomach ; nausea, aggravated by eating.

HAMAMELIS<sup>10M</sup>.

Sensation of trembling in stomach ; not a permanent symptom.

HYPERICUM<sup>45M</sup>.

Constant eructations ; great fullness about abdomen ; highly curative for this symptom.

KREOSOTE<sup>CM</sup>.

Constant nausea ; disposition to vomit. The most reliable general remedy in cholera infantum, and many forms of persistent vomiting ; relieves pain in ulcer and cancer of stomach.

LEDUM<sup>45M</sup>.

Slight nausea.

LILIUM-TIG.<sup>45M</sup>.

Feels like vomiting when she presses her epigastrium.  
Otherwise slight nausea.

## LINARIA 3d decimal.

Taken in water every hour, for three days, after, or on the fourth day, caused giddiness, sick stomach, vomited three times ; bowels loose ; rumbling noise in abdomen ; no marked urinary or other symptoms as I had expected.

MISSISSQUI<sup>45M</sup>.

Nausea ; feels sick and weak.

MURIATIC-ACID<sup>5C</sup>.

Slightly nauseated, mucous surfaces of mouth and throat sensitive.

NUX-VOMICA<sup>94M</sup>.

Relieved severe pain in epigastrium ; felt as if the mucous membrane of the stomach were sore.

NITRIC-ACID<sup>5C</sup>.

Raises a small amount of food, after eating mostly.

PALLADIUM<sup>20M</sup>.

Slight nausea.

PETRÔL<sup>CM</sup>.

Constant thirst, with distress in region of stomach, and disposed to diarrhoea and cough.

PHOSPHORUS<sup>CM</sup>.

Burning pain and cramps in stomach. The burning in the stomach extends up the œsophagus, with feeling of constrictive dryness in fauces; bloated stomach and abdomen. These are very constant and reliable symptoms, always noticed in provings.

PLANTAGO-MINOR<sup>11C</sup>.

Pain in the lower part of his abdomen.

PSORINUM<sup>42M</sup>.

Occasional pain across the epigastrium more constant in the spleen.

PSORIN<sup>42M</sup>.

Troubled greatly with wind, interferes with breathing.

POLYGONUM<sup>42M</sup>.

Very sick at stomach. A variable symptom—apt to come and go.

SARACENIA<sup>2M</sup>.

Hungry. Very nervous with it.

STANNUM<sup>38M</sup>.

Great weakness at the epigastrium and then gets or feels hungry, but cannot eat; feels as if she would faint; feels entirely gone at epigastrium.

SULPHUR<sup>CM</sup>.

Caused vomiting. Only an occasional symptom.

SYMPHYTUM<sup>15C</sup>.

Pains across his epigastrium from one side to the other, worse opposite the spleen on walking; when sitting worse about the navel, griping pain about the umbilicus often occurs.



TRIFOLIUM-PRETENS.

Sensation of gnawing, rumbling, and movement in abdomen ; fermentation, eructation. Pain in bowels. Saliva profuse and bitter.

UVA-URSA.

Slight nausea.

WOORARI<sup>90M</sup>.

Frequent nausea ; vomiting of bile ; no appetite ; foul breath ; soreness in stomach.

ABDOMEN.

AGARIC.<sup>2M</sup>.

Soreness to touch in abdomen below navel.

A good deal of twisting pain about the umbilicus.

ADEPS<sup>1M</sup>.

Cramps in stomach ; cramps about navel.

APUINO<sup>69M</sup>.

Very bad pains in the bowels.

ARSENIC.

Highly curative in abdominal dropsy ; it relieves when a cure is impossible.

BURSA-PAST.<sup>9M</sup>.

Pain between the end of sternum and umbilicus like needles or like a shock from battery.

COLLINSONIA<sup>45M</sup>.

Weight in epigastrium ; inveterate case of dyspepsia complicated with hemorrhoids, cured.

## THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The Fourteenth Annual Meeting of the International Hahnemannian Association was held at Kayes' Park, Lake Geneva, Wisconsin, on June 6th and 7th. In point of numbers the meeting was a small one, smaller than any that have been held for five years, but in point of quality of papers read and scientific interest, it was not inferior to any of its predecessors. Additional interest was lent to this meeting by the presence of Dr. P. C. Majumdar, as a delegate from far-away India. "There are not many of us in India," he said, "but we are all good homœopaths, and I feel at home here." He was made an honorary member of the Association, as was Dr. Alex. Villers, of Dresden. A pleasing feature of the reports made was that the necrologist, Dr. A. B. Carr, had no report; in other words, no member was known to have died since the last meeting.

The President's address was an excellent one and was well received.

There were four resignations, namely, Drs. J. B. Bell, Sawyer, Biegler, and Lee. Dr. John Hall, of Victoria, B. C., was made an honorable senior, and ten new members were elected.

Dr. E. E. Case was made Chairman of the Bureau of Clinical Medicine for coming year.

Dr. E. E. Reissinger, Chairman of the Bureau of Homœopathic Philosophy.

Dr. H. P. Holmes, Chairman of the Bureau of Materia Medica.

Dr. J. H. Allen, Chairman of the Bureau of Surgery.

Dr. Julia Plummer, Chairman of the Bureau of Obstetrics.

Dr. A. B. Carr, Necrologist.

Niagara Falls was chosen as place of next meeting, after considerable discussion.

Election of officers resulted as follows:

Dr. E. Carleton, President; Dr. H. P. Holmes, Vice-President; Dr. H. Crutcher, Secretary; Dr. C. W. Butler, Corresponding Secretary; Dr. F. Powel, Treasurer.

Board of Censors same as before, except that Dr. C. W. Butler takes the place of Dr. Wm. Wesselhœft, who expects to go abroad.

Dr. J. H. Allen's papers, together with the discussion on nosodes and nosodopathy, which they excited, were especially interesting. Dr. A. R. Morgan's paper on Leprosy in Trinidad, dealing as it did with his personal experience on that island, was listened to with breathless interest.

Fishing and boating on the beautiful waters of Lake Geneva, pure air, and fine scenery ministered to the mental and physical enjoyment of the members.

An unusually large number of visiting physicians from neighboring States were present.

J. B. S. KING.

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## THE PATHOGENSIS OF PYROGEN.

NONCHALANTA, KAN., July 12th, 1893.

EDITOR HOMŒOPATHIC PHYSICIAN :

I send you herewith the MS. of *Pyrogen*. You will find it to be reliable, as I was very careful not to use any symptom where other remedies were used in connection with this one. I wished to make it reliable so that all could use it with assurance.

It is not as long an article as it seems, as I have used space so as to make it plainer to the printer. I wish you would print it, if at all acceptable to you, as soon as you can, so the profession can get to using it. I am sure very many will thank you for the pathogenesis of a remedy so highly thought of at the present time. It is a grand remedy. The one clinical case I report from my own practice would make it of much interest. Whilst this paper has cost me much time, thought, and work, yet I shall be fully repaid if others can use *Pyrogen* to good advantage.

I would like to make out reports of other remedies for you, but I have no data that are reliable, as all the remedies used by so many are alternated, which precludes any reliance being placed in them. Still, I guess this fulfills my promise to you to report some of the new remedies. I shall not forget to keep an eye out

for anything else that may be of interest to your readers. I like to do good and to be of some use to the profession.

Fraternally,

W. A. YINGLING.

## HOW TO CURE RHUS POISONING.

Office of Rabe & Keller, Counselors-at-Law, 243 Broadway, New York, June 24th, 1893.

TO THE EDITOR OF HOMŒOPATHIC PHYSICIAN:

The inclosed clipping is taken from the *Literary Digest* of June 24th. Comment unnecessary.

POISON IVY—HOW TO CURE THE POISONING.—Procure from the drug or other stores where they are sold a *small box of little sugar pills labeled "Rhus-tox."* A "hair of the dog that bit you" will cure you. Take six of the little pills at one dose, four doses the first day—morning, noon, evening, and bed-time. The next day the itching will be mollified a degree. The second and third day, take three doses of six pills each dose. You will, by this time, be so free from irritation that you may carelessly take a few pills until nature heals up the sores. As soon as the healing begins be very chary of taking many of the pills, as they will, in excess of requirement, produce an intolerable, though harmless, itching over the whole body.—*H. M., in Scientific American, New York, June 17th.*

Why is Homœopathy not acknowledged in this case?

Respectfully yours,

R. F. RABE, JR.

## BOOK NOTICES.

A PRACTICAL TREATISE ON MATERIA MEDICA AND THERAPEUTICS, WITH ESPECIAL REFERENCE TO THE CLINICAL APPLICATION OF DRUGS. By John V. Shoemaker, A. M., M. D. Second edition. Revised. In two royal octavo volumes. Volume I, 353 pages: Devoted to Pharmacy, General Pharmacology, and Therapeutics and Remedial Agents not Properly Classed with Drugs. Volume II, 680 pages: An Independent Volume upon Drugs. Volume I, in cloth, \$2.50 net; sheep, \$3.25 net. Volume II, in cloth, \$3.50 net; sheep, \$4.50, net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

This is the finest and latest treatise upon the materia medica of the old school of medicine. The first volume gives not alone the pharmacy of drugs,



but also the methods of applying electricity in paralysis, gynecology, dermatology, the removal of superfluous hair, its use in throat and nose diseases, and electrical illumination of internal organs. Massage and the rest cure receive notice, as well as ozone and hydrogen peroxide. It would be quite impossible to give a catalogue of all the remedial measures treated of in this volume, but whoever is interested in the subject will have his desire for information satisfied by providing himself with a copy of the book.

The second volume contains a complete encyclopedia of all drugs used in therapeutics, arranged in alphabetical order.

An index to drugs and preparations, and a clinical index complete the volume. The two volumes together constitute a reliable and satisfactory book of reference.

**DISEASES OF THE NOSE AND THROAT.** A Text-book for Students and Practitioners. By Horace F. Ivins, M. D., with 129 illustrations, including 18 colored figures: Philadelphia (1914 Cherry Street), and London: The F. A. Davis Co., Publishers, 1893. Price, cloth, \$4 net.

This is a volume of 500 pages upon the treatment of the nose and throat by a physician practicing Homœopathy. The treatment is mainly operative interference, though indications for remedies are also given. The book is divided into three parts. Part I, the nose, contains an accurate description of the anatomy of the internal nose, illustrated by elegant views, one at least being a photogravure. These views are very successful, as any one will know who has sought, with difficulty, to get clear ideas of this part of the human form from drawings. All the various phases of diseases affecting the nose are treated in separate chapters with excellent descriptions of apparatus and instruments, abundantly illustrated.

Part II treats of the pharynx and its diseases, upon the same plan as the description of the nose, and part III treats of the larynx in the same way. A very interesting account of the production of vocalization is also given. The work is enriched by colored drawings of the appearances seen in the examining mirror. The strictly homœopathic resources of treatment are, of course, disappointing to an enthusiastic homœopathist.

**RINGWORM: ITS CONSTITUTIONAL NATURE AND CURE.** By J. Compton Burnett, M. D. Philadelphia: Bœricke & Tafel, 1892. Price, 50 cents.

Dr. Burnett is so well known for his charming monographs that the announcement of any new creation of his pen will cause the profession to at once give attention to what he has to say.

In the present essay he treats of ringworm in his well-known and fascinating style and comes to the following conclusions, which are here stated in his own words: "(1) That it is a constitutional complaint. (2) That it is generated

by the together-being of numbers of young people in close spaces—i. e., by their personal emanations, or anthroptoxine. (3) That it is, so to speak, *sub-tuberculosis*. (4) That it is curable by its pathological *simillimum*, here termed Bacillinum, in high potency, internally and infrequently administered. (5) That the mycosis is merely the concomitant external manifestation of the disease and not the disease itself. (6) That the external treatment of the disease is irrational, unscientific, and probably harmful to the patient. (7) That it is commonly bred in schools. (8) That truly healthy children cannot catch it because the fungus cannot grow upon such. (9) There is, therefore, no reason why a ringwormy child should be excluded from school life or the company of its fellows in home life. (10) Finally, that the trichophyton of ringworm is to ringworm what the bacillus of Koch is to tuberculosis—the trichophyton and the bacillus being moreover nearly related to one another.”

**STEARNS' DOSE BOOK.** Compiled especially for the use of Physicians and Pharmacists. Presented with the compliments of Frederick Stearns & Co., Manufacturing Pharmacists, Detroit, Michigan.

This little pamphlet of 32 pages contains a variety of matter useful to the physician, such as the doses in the regular school of all remedies, a table of antidotes to poisons, directions for examination of urine, list of disinfectants, and a list of new remedies.

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## NOTES AND NOTICES.

THE next annual class for instruction in official surgery will assemble in Chicago on the morning of September 4th. It will have a four hours daily session during the week. For further particulars address Dr. E. H. Pratt, room 56, Central Music Hall, Chicago.

DR. J. W. THOMSON has removed to 155 West Forty-eighth Street, New York City.

DR. CHARLES P. BEAMAN, long located at Chattanooga, Tennessee, has removed to Ithaca, New York, where he has associated himself in partnership with Dr. Bishop, under the firm-name of Bishop & Beaman.

**N. Y. STATE HOMŒOPATHIC HOSPITAL AT MIDDLETOWN.**—By the recent action of the Commission in Lunacy, reducing the territory embraced in this hospital district to the four counties of Orange, Rockland, Sullivan, and Ulster, we are enabled to receive patients from any part of the State, both public and private, for whom homœopathic treatment is desired.

The friends of public patients residing out of this district are required to pay for their transportation from their homes to the hospital.

Private patients can be received from any part of the State.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.—Dr. T. F. Allen, so long Dean of this College, has resigned, and Dr. William Tod Helmuth, M. D., LL. D., celebrated for his surgical skill, and as well for his literary ability, especially in poetry, has been elected to the vacant position. Our readers who have noticed the advertisement of this college for so many years upon the fourth page of the cover of this journal will observe also that Dr. George G. Shelton has been made Registrar.

#### HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.

PHILADELPHIA, August 1st, 1893.

DEAR DOCTOR—Allow me to call your attention to the Twenty-ninth Session of the Homœopathic Medical Society of Pennsylvania, which will convene in Pittsburgh, on Tuesday, September 19th, 1893.

In fixing the date for this meeting, careful consideration has been given as to the best time for visiting the World's Fair at Chicago. The first part of cool September can be spent at the Fair, followed by a useful and enjoyable three days at Pittsburgh; or, if duty is preferred before pleasure, the Annual Meeting can be attended first.

I use the word "duty" intentionally and advisedly; for it certainly is the "duty" of each one of us to attend the Annual Sessions of our State Society. It is only by such meetings that we can learn both the Society's and our individual needs. Every one of us can singly do a great deal to help our Society and each other, and much more can be done by our united action. To this united action, above all else, was due our glorious success in gaining the Three Board Medical Examiners' Bill. The success attained in this Bill should act as a reward for our past endeavors; as an example of what our united and determined action can achieve; and, most important of all, as an encouraging stimulus for further aggression on our part. I also use the word "aggression" intentionally and advisedly. We have much, very, very much to do to win the place Homœopathy deserves, and ought to occupy in the medical profession both as a School of Medicine, and before the public throughout the United States.

Pennsylvania is a big State, is an important State—is the Keystone State! We have a large representation of physicians, hospitals, dispensaries, and the first, in every respect, Homœopathic Medical College in the world. Being thus big and strong, we can and ought to accomplish much. The good work we do in our State for Homœopathy and for the general public is reflected in other States and helps them to do what we have done.

Let every one then come to the Annual Meeting at Pittsburgh in September. Matters of general interest and benefit to every homœopathic physician will be there unfolded; and the remembrance of the warm hand-shake and genial "glad to see you" will lighten our labors during the coming year.

With kind regards,

Fraternally yours,

J. C. GUERNSEY, M. D.



THE  
HOMŒOPATHIC PHYSICIAN,  
A MONTHLY JOURNAL OF  
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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“If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine.”—CONSTANTINE HERING.

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Vol. XIII.

SEPTEMBER, 1893.

No. 9.

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EDITORIALS.

NEURAL ANALYSIS.—There seems to be some want of understanding among the readers of this journal as to the nature of the instrument by which Prof. Jaeger has made his elaborate experiments in neural analysis. The apparatus consists of a stop-clock or chronoscope of peculiar construction, capable of registering thousandths of a second. The clock being started the problem is to stop the motion of the hands in the shortest possible time. This is done by pressing an electric button. The time required to do this will vary with the physical and mental condition of the individual who performs the experiment.

A full description of the instrument may be found in *The Hahnemannian Monthly* for May, 1881. It may also be found in *The Medical Advance* for March, April, and May of the present year.

One of the instruments may be seen in the office of the editor of this journal.

Lately Prof. Jaeger has been using a pocket chronoscope which looks like a watch with the exception of the face, which is divided into a great number of small divisions, and has only a single hand. If a photograph of the instrument can be procured it will be published in these pages, together with an explanation.



DR. WELLS ON INTERMITTENT FEVER.—In this number of THE HOMŒOPATHIC PHYSICIAN the publication of the second part of Dr. Wells' book on *Intermittent Fever* is resumed. The first part is already in the hands of the subscribers. The continued publication of the work was abandoned because being a translation of Bœnninghausen's well-known work it was considered to be an infringement of the excellent translation of Dr. Korndœrfer. A number of inquiries having been made of the editor for this second part, and the consent of Messrs. Bœricke & Tafel, the publishers of Dr. Korndœrfer's translation, having been kindly given, it has been decided to issue the second part, and so bring the book to a finish.

## POTENTIATION PHYSIOLOGICALLY PROVEN.

PROF. DR. GUSTAV JAEGER, STUTTGART, GERMANY.

[Translated by B. Fincke, M. D. Continued from page 427.]

### V. FURTHER PHYSIOLOGICAL FACTS.

Fortunately there are still other phenomena by which the potentiation can be controlled than the formation of numbers by means of the chronoscope, and I have recognized mainly two as especially amenable to the senses.

#### (a.) *The Smell.*

I premise that there is no need of a special education, such as the art of a wine or tea-taster, but of something which presupposes nothing but the possession of a sense of smell in general. Also a knowledge in this department is not required; by which, however, I do not want to say that it would not be of the greatest advantage for the practical man in the department of Homœopathy—quite the contrary: since the chemical reaction in a mass of medicinal substances is on the whole impotent, and even with the most accessible does not reach beyond the 6th or 7th potency, here as in the wine and tea-trade, where chemistry also is impotent, the nose (and tongue) should be the supreme judge, but only then when by exercise for years one

has become familiar with the odor and taste of the medicinal substances and their various potencies. But this—*i. e.*, the discrimination of the various medicines by means of the sense of smell—is here not concerned, only what the *sense of smell can* observe in relation to *the degree of potency of one and the same substance*, but of course only then when in these provings he guards against the so easily occurring *blunting of the sense of smell*, of which I have published the details at different times.

Since I made all my experiments with alcoholic potencies, I always had a distinct olfactory impression in which, of course, the alcohol was prominent. Now it is known that in an alcoholic beverage the fineness of the *bouquet* contained in it, the presence of *fusel oil* or other concentrated admixtures can be recognized very well by means of the sense of smell. I found, then, that this is just as possible with the alcoholic *medicine-potencies*, even with relatively odorless substances, such as the neutral salts investigated by me. The difference of smell of the *lower* and *higher* potencies is most distinct, as, perhaps, no experimenter after me will fail to perceive; the *first* smell uniformly *musty, heavy, fusely, unclean*, the latter *fresh, pure, fine, light*, and twice (with Ammon-mur. 12th potency, and Kali-phosph. 19th potency) my measure-account contains the remark, “smells good,” because it was actually a peculiar fragrancy. Of these two cases I will not at all assert that they are free of doubt (accidental contamination), but, on the whole, I am sure in this matter, in all the seventeen salts, after overstepping the neuro-analytical indifference, the mentioned change took place in the olfactory impression—at the same time one of the hundreds of proofs that Neural Analysis is not a swindle and imagination. As said before, everybody will observe the change who has the habit on buying or before using spirituous liquors to prove them by means of the smell for their purity. At any rate, the change cannot escape any expert in this department, and he will accomplish even more, but only under certain conditions. I have made my potencies in *equal vials*, and noticed at the time that not only the disagreeable olfactory impression of the *lower potencies* decreased from potency to potency—of course not in

equal degree and equally distinct in all the salts—but that also in the *higher* potencies a gradual change, a refining of the odor could be perceived. Among the readers there are certainly such with fine noses, and since I myself am deficient in this respect, it would be interesting to me if one or the other would undertake the after-proving of this matter and communicate with me. For the present I maintain: by means of some preliminary exercise one shall learn to distinguish *in praxi* with the nose, whether a *lower* or a *higher* potency of a medicine is at hand, for the difference is exactly the same as that of a *good* and *bad* brandy, and if a physician, or apothecary, or inspector can do this at least, they are much more certain. I have made no experiments with the *sense of taste*, for being a smoker, it has lost its fineness. Besides, for this purpose, another *medium* than alcohol should be taken, because it acts too strong upon the tongue. I believe the best way would be to use *water*, for which we have already a precedent. Aside, of course, from the pollution of the *drinking* water we have for *good* and *bad*, a denotation of taste, which, indeed, is taken more from the touching part of the sense of taste than from the actual chemical sense: *soft* and *hard*. Lower potencies will taste *hard*, higher *soft*, and the former the softer the more they are removed from the point of indifference. Especially, then, when as well in a medicine as in the drinking water, mineral substances are concerned, the comparison with the gustatory impression of the drinking water will easily appear. In this department co-operation would be very useful.

(b.) *Involuntary Motions.*

The numerical material which I have communicated in Sections II, III, and IV of this essay is the result of an influencing of the *voluntary motory processes*. That also changes of the *involuntary motions* under the influence of substances of different potency-degree occur, is not the result of my latest provings, but already deposited in my former publications.

The reader, indeed, there finds only a part of them described, viz.: the one which I have pointed out by the kymographion



and sphygmograph. High potencies influence the involuntary trembling of free members and pulsation; they, therefore, can also be proved in this direction upon their physiological power, which furnishes a valuable control for the neuro-analytical proving by chronoscope. See *Entdeckung der Seele*, 3d ed., vol. II, cap. 4 and 5. I have this time not proceeded in this direction.

Further on I have communicated in my *Neural Analysis of the homœopathic attenuations* that on performing neuro-analytical measurements, especially when the higher potencies are measured, and the more frequent in the higher potency, *zero-acts* occur—i. e., finger-pulls, in which the jump of the clock-hand intermits. I have at that time in my publication said nothing of these phenomena, and for this reason. (a.) My main object at that time was directed to the formation of numbers, and little weight and attention was placed upon the other phenomena. (b.) The twitchings to be described hereafter were not absent, but in none of the four provers they were as severe as they are now with me. I exercise the Neural Analysis now during ten years, and my experience is that these involuntary twitchings which appear in consequence of the zero-acts have become more distinct and extensive from year to year. This, indeed, for some longer time receded into the background, because I did not work with medicinal high potencies, but only at hygienic examination of merchandise, in which often enough also higher potencies, but always the lower ones were concerned. Only now, after the above investigations, I obtain a certain idea. (c.) In the measurement for the Neural Analysis of Homœopathic attenuations every one of the four gentlemen measured for himself alone. Only after the publication I had an opportunity of observing other persons (an assistant and a few pupils) in their measurements, and then I noticed the twitchings as a phenomenon worthy of all attention, and I can comprise my experiences of that time as follows: *Zero-acts* will occur with most men if they want to obtain numbers by smelling high potencies, but more extensive co-motions (*Mitbewegungen*), even spasms occur, only on more sensible individuals, and a continual practice



favors this occurrence. This fact is of fundamental importance toward two sides.

(a.) Of course, not the least unexpected is in the circumstance that different persons do not react equally strong to a physiological influence of a certain strength. But this is just the point to be attended to, that one should not judge incorrectly and confound the concepts *qualitative* and *quantitative*, *subjective* and *objective*. What are we going to prove by our experiments? Answer: The *objective* changes which in the physiological action of the medicine-substances are produced by the attenuation, therefore change of *quantity*. This proving cannot be obtained in any other way than by means of a physiological *subject*. With this necessarily a *qualitative*, or, in other words, *subjective*, element joins with the result of the proving, for different subjects, especially in man, are *qualitatively different*. Therefore, when I say I experience twitchings as soon as in this or that substance the 15th potency has been reached, and somebody says, "this is subjective," he is in so far right as this action does not at all occur with all subjects, but all the same I am right, to consider the matter as an expression of an *objective* and *quantitative* fact; for (1) if from twenty different substances every time at a certain potency-degree I get twitchings whilst at the next lower degree they just as regularly do not occur; (2) if the extension and strength of the twitchings or cramps increases with me at every succeeding potentiation no rational being can contend that by the potentiation a change of quantitative nature, and that in the direction of greater force-development has been called out in the *object*—i. e., the *medicine*—for to maintain that this came merely from a qualitative subjective change in me would be sheer folly.

(b.) In point of fact the adherents of Homœopathy have very different views on potentiation; however, two currents may be distinguished, the one up the other downward. This fact is by the above illustrated in a quite distinct manner. If we deduct those who don't think it necessary to procure for themselves a conviction by experiments on their own body, the above-mentioned subjective differences of the sensibility and

practice must necessarily make themselves apparent in those who make the experiments upon themselves. The *more sensible* natures in which high potencies produce twitchings become unconditionally adherents of the high potency. In this not only their sensibility but also the not always but mostly connected more lively temperament assists them which is not deterred by the additional labor of high potentiation and the manifold opposition with which—at least with us—the practical use of the high potencies is accompanied. On the other side stands the more *torpid* part of the provers. These cannot so easily interest themselves for high potencies, because they are not affected by them, and deem the whole additional labor to be superfluous, to which also they are seduced by their more torpid temperament.

(c.) The *practice* (*Uebung*) is still to be considered. It is a known fact that limbs which are used a great deal are easily affected by involuntary twitchings and spasms. The most common example is the *writing-spasm* with which people become afflicted who must write a great deal. This throws a light upon practice; whoever must write much, practices the muscles and nerves during the practice. The change which the practicing produces in them is a decrease of the *resistances* which the *conduction* of irritation meets, and with it a greater sensibility of irritation. In this relation see the chapter “*Uebung*” in my *Lehrbuch der Allgemeinen Zoologie II Theil Allgemeine Physiologie* (Leipsig, 1878). (The school-physiologists, by the way, contain on things practically so important as “practice,” “habit,” nothing at all!)

Now physiology has for the reflexes discovered the law of *irradiation*. This consists in that, in regard to these either on rising of the irritative strength or on heightening of the reflex-irritation the reflex-actions jump over to other motoric territories, and that in a distinct order and gradation.

The equal phenomenon is also valid for the *involuntary motions*, where higher sensibility exists as well as in the more stable one, such as in sensitive persons or on weakening of conductive resistances consequent upon frequent use, as well as in the transient

sensibility produced by nervous excitement, the motory impulse jumps over to other muscular nerves according to the same law of irradiation, and with the voluntary motion involuntary ones associate themselves. But to the point!

The involuntary co-motions (*Mitbewegungen*) in the neuro-analytic measurements have a precursor in the so-called *zero-acts*, hence these must be described first. Furthermore, this is the more necessary because I am firmly convinced that even the more torpid natures can bring themselves to this stage of beginning excitement when experimenting upon themselves. As above described I allow in the Neural Analysis 10 acts (finger-pulls, not pressures) act upon the clock, the times of which add themselves thereby. As long as objects are measured which give *paralytic numbers* therefore poisonous concentrated heavy substances, invariably every finger-pull corresponds with a jump of the hand of the clock.

The same happens also when indifferent things or nothing is measured—i. e., when rest-numbers are formed. This, however, is only then valid when one is actually in that repose which is presupposed for the practice of Neural Analysis, and the appearance of a zero-act on measuring rest-numbers, therefore, is for the practical neuro-analytician the surest sign that he is not at rest, but an *excitement* prevails which he unconditionally must remove or allow to fly off before he continues to measure.

On the other hand, the appearance of zero-acts in the more sensible natures is a regular occurrence as soon as they measure substances which render *animating numbers* and the explanation is that one or the other of the finger-pulls does not act on the clock, produces no jumps of the hand. (I here refer to my description in *Neural Analyse der homœop. Verdünnungen*, p. 6.) Generally this is the case with me if the decade-number indicates more than 30% animation, but it can also occur earlier.

If now we prove a series of potencies as I now again did with seventeen different substances and with one Kalicarbon twice with variation of the method, the invariable phenomenon occurs



that under increase of the potency-degree the number of the zero-acts *increases*, which I have already mentioned in my *Neural Analyse d. hom. Verd.*

(c.) *Further Physiological Facts.*

What associates itself next in the further course is, with me, a slight drawing in the muscles of the measuring arm, and then I may be sure that in the next potency the further phenomena will appear which are distinguished *by two forms*, being at the same time two *stages*.

(1.) Mere *co-motions, twitchings*: whilst otherwise nothing responds to the shock of will than a pull of the finger, the experimenter can observe not only upon himself but also upon other persons further motions coinciding with the finger-pull, and here a distinct series of stages appear: *first stage*: a jerk of the whole measuring hand; *second stage*: beside hand-jerk, twitching of the whole measuring arm; *third stage*: in addition nodding of the head; *fourth stage*: now twitching of the flexor muscles of finger, hand, arm, head, trunk, and of the other arm; *fifth stage*: also the legs are contracted in jerks; *sixth stage*: the jerk of the legs is so sudden and short that on falling back they strike the floor with their full weight.

(2.) Actual *tonic spasm* first occurring in the measuring finger, mostly, however, immediately in the whole hand, and then also in the arm, then extending in the highest degree almost over all the muscles of the body, so that the experimenter is a startling sight to a second observer.

Here now clearly appears the connection between *zero-act* and *spasm* and the explanation of the first. During the continuance of the spasm in spite of all will-power, one is not able to exert such a finger-pull that the hand of the clock jumps, therefore the single *zero-acts* at the lower potencies are nothing but the first premonition of beginning spasmodic actions; the spasm is only limited to the measuring finger and then lasting such a short while that it suffices only for suppression or sufficient weakening of a single finger-pull. Later on when the spasmodic action extends also over further muscular regions, it also in-



creases in duration so that several finger-pulls remain inactive. In the highest stage this can go so far that all the ten finger-pulls of the decade do not "come off," which in my numerical language I call the *great zero*, and in the case easily to be watched over when of the ten finger-pulls only one has acted upon the clock I call the *great one*. A more exact analysis of these phenomena would lead us too far and is not necessary for our purpose.

### APPENDICITIS.

JAMES LILIENTHAL, M. D., SAN FRANCISCO, CAL.

During the last two years, I doubt if any special disease has been the subject of so many articles in our journals, or the cause of so much discussion in the various societies of our country and Europe as the subject of my present paper. Doubts, on the one hand, of many of our older practitioners as to the frequency of its occurrence, well illustrated by a remark of Dr. Wyman, in an article in the *New York Medical Journal*, of February 25th, who states that he was asked: "Doctor, how is it that you surgeons find so many cases of what you call appendicitis to operate upon?" but, more than all, the question of treatment, medicinal or surgical, is the bone of contention.

Our surgeons, no matter of what school, believe that the knife, and the knife alone, is the proper method of treatment, and, with that disregard of the dangers of incising the peritoneum with which their frequent abdominal operations have imbued them, they see little or no danger in the operation; if, unfortunately, the case terminates fatally, they lay the blame on the poor physician who wasted valuable time, and only called them in when sepsis had already taken a firm hold of its victim. Without for a moment wishing to decry the necessity of operative measures, which at times are essential, and the only hope for the patient, the question necessary to be considered is, when is the time that internal medication must give place to surgery?

We have all seen cases recover after the surgeon had stated that the only chance was in an operation, and, *vice versa*, patients pass away because physical examination had failed to demonstrate the presence of pus, only the *post-mortem* examination teaching us that a laparotomy would have given the patient a chance for life.

We must not, however, forget that the internal treatment of the two schools makes a material difference in the picture presented to our view. While the old school hold firmly to the use of opiates, and thereby mask the symptoms of the disease, becoming only aware of its progress when a general peritonitis, due to a rupture of the gut, is upon them, I claim that with our remedies we are less liable to have this danger spring upon us, and can turn the case over to the surgeon while the patient is yet in a good condition to undergo the shock of a surgical operation. Just when this step is necessary is the point that I should like to have discussed by my colleagues, so that one branch of our art may supplement the other at the proper time, and for the good of the lives intrusted to our care.

The symptoms of the disease are too well known to warrant their recital, especially as they will necessarily appear to some extent in the symptomatology of the various drugs; hence, we may pass at once to the treatment, giving, however, only the symptoms referring to the region affected, and omitting those well-known characteristics of the various drugs which are symptomatic alone of the drug, and are present whenever said drug is indicated.

In presenting the remedies that may be called for, it is needless for me to remark that *any* drug in our pharmacopœia may be the simillimum, but those most frequently required will be in the first stage:

*Aconite*.—Abdomen burning hot, tense, tympanitic, sensitive to the least touch; cutting pains; meteorism; vomiting; inability to urinate.

*Arnica*.—May be called for when trouble arises from traumatism; right side of abdomen hard swollen, with pain as if cutting into a wound when touched.

*Arum-maculatum*.—Painful spot in abdomen between navel and groin, especially when standing or lying on the side or back, most when expanding the chest or stretching the abdominal muscles; painful to external pressure.

*Belladonna*.—Great pain in ileo-cæcal region; cannot bear the slightest touch, not even of bed-cover; worse by the least jar or turning of the body, so lies immediately on his back.

*Culendula*.—Constant pains in abdomen and sensitiveness in right iliac region; dull, coarse stitches, worse during movement, disappearing during rest.

*Camphor*.—Drawing, bruised pain, more internally than externally, especially on inspiration, in whole right side of abdomen, extending into region of liver and into chest.

*Carduus-marianus*.—Awakens with pain in abdomen near right hip bone; pressing, stitching pains; distention of abdomen on right side; sensation of motion in intestines on expiration.

*Cocculus*.—Constant pain in right iliac region, near cæcum; worse from least touch; pain often remits, returning, however, very much aggravated; during paroxysm, drawing pains through whole abdomen, causing her to work her limbs constantly; can find relief in no position.

*Doryphora*.—Abdomen sore and heavy; violent pains in right side, passing downward to rectum.

*Ferrum-phosphoricum*.—Dr. Nicholson, of Oakland, refers to a cure with this remedy, in alternation with Kali-muriaticum. The symptoms were agonizing pains in right iliac region, swelling in this region exquisitely tender to touch, with high fever, vomiting, etc.

*Inula (Elecampane)*.—Sticking, as from a knife, between umbilicus and right groin; violent motion beneath right hypochondrium.

*Rhus-toxicodendron*.—Hard, painful swelling of nearly the entire right side of abdomen; pain worse on sitting or when stretching right leg; impossibility of lying on left side; better when lying on back with knees drawn up, or when gently pressing the swelling from below upwards.



Should no improvement be manifested, and the symptoms evidence beginning suppuration, we may use :

*Apis*.—Beginning of exudative stage ; burning, stinging in abdomen, with great tenderness to touch and on turning in bed ; pains extending into thighs or upwards to the ribs.

*Baptisia*.—Right iliac region sensitive ; abdominal muscles sore to pressure, with acute intermittent pain ; stitches in right groin, coming and going.

*Bryonia*.—Pain on a limited spot in abdomen, dull, with a throbbing sensation ; abdomen very sore to touch ; accompanied by constipation, and worse by standing and motion.

*Hepar*.—Deep, circumscribed swelling in ileo-cæcal region ; lies on back, with right knee drawn up.

*Lachesis*.—Lies on back, with knees drawn up ; tenderness, pain, and swelling in region of cæcum ; pain, extending from right lumbar region through sacrum, through inguinal region and fore part of thigh, more especially when swelling is examined ; urine scanty, high colored, strangury ; bowels costive.

*Mercurius-solubilis*.—Painful, hard, hot, and red swelling in ileo-cæcal region, painful to touch, preventing extension of thigh ; must lie upon back, with thigh flexed ; fever, flushed face ; red, dry tongue.

*Mercurius-corrosivus*.—Peculiar bruised sensation in abdomen, especially in cæcal region, and following course of transverse colon ; painful to moderate pressure, as though bruised.

*Plumbum*.—Distention and hardness of cæcum and ascending colon, whole region swollen, painful to touch, on motion ; tongue dry, brown in centre ; feeling of lameness in lower extremities.

It is this stage that requires our greatest watchfulness. The remitting fever, the dry tongue, either red or furry ; the apathetic condition, possibly chills—in one word, the typhoid condition—warns us of impending suppuration, and the life of our patient depends upon our judgment as to the length of time that we may wait before urging upon the family the danger of delay and the absolute necessity of surgical interference ; for, although recovery may take place after perforation has occurred,



we well know that the danger has become multiplied by such an accident. We find cases, however, where, in spite of our best advice, supplemented, perhaps, by that of counsel, consent to surgical measures cannot be gained. In these cases we must rely on the following remedies, which may still prove effectual, and we will have the satisfaction of knowing that we have done all in our power to obtain a satisfactory result :

*Arsenicum*.—Abdomen enormously distended ; burning lancinations in abdomen, with great restlessness, which, however, aggravate the pains ; sudden sinking of strength, cold sweat.

*Crotalus*.—Extreme pain in region of appendix, with frequent paroxysmal aggravations, great tenderness on pressure in a spot of the size of a small orange, with some feeling of hardness ; cannot bear right leg straightened, but lies with it bent and supported by a pillow ; skin hot and dry.

*Opium*.—General peritonitis ; face flushed, skin hot and damp, peristaltic motion of intestines, reversed or paralyzed ; belching and vomiting.—*From The Pacific Coast Journal of Homœopathy, June, 1893.*

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## COMPLEXION AND CONSTITUTION.

Extract from Proceedings of I. H. A.

DR. E. E. CASE'S PAPER. CASES OF SUPPRESSED ERUPTION.

### DISCUSSION.

Dr. J. H. Allen—I should like to ask Dr. Case why he did not dare to give Sulphur, and in place of it gave Psorinum.

Dr. Case—For the reason that some of our authorities state that Sulphur should not be given after Calcarea. I think Hering makes such a statement in his *Guiding Symptoms*.

Dr. F. O. Pease—What was the complexion of the patient ?

Dr. Case—It was stated in the paper.

Dr. F. O. Pease—What method do the best prescribers pursue when they find Calcarea symptoms in a patient with dark hair, black eyes, and sallow skin ?

Dr. Case—My own practice is to give Calcarea-phos. in such a case.

Dr. Clark—This is the old idea under another form, of prescribing under some other rule than the law of similia. I am sure that Dr. Lippe used to give Sulphur after Calcarea, and they worked well one after the other.

Dr. Reed—I have long since given up this idea of the sequence of remedies, and of the overwhelming weight of the complexion in determining the selection of a remedy. It might be necessary to give Calcarea to a very scrawny person with dark complexion. The scrawnest patient I ever saw, I prescribed Calc-carb. for, and she is now in the best condition in Boston, although her disease was consumption. There was not a single thing about that patient's build, complexion, or make-up that suggested Calcarea, and yet the symptoms called for it. Psorinum must have been indicated in Dr. Case's patient and not Sulphur. I know it is a very important remedy. Dr. H. C. Allen says that if he had to do away with all remedies except one, he would pick out Psorinum. I have cured eczema with the characteristic brown patches on edges of the scalp, rhagades under the joints with Psorinum when Calcarea, Mercury, or Silicea only palliated, and when Sulphur only relieved for a time.

Dr. H. C. Allen—The simple fact that a patient is over seventy, scrawny and emaciated does not contra-indicate Calcarea, but rather indicates it. We must prescribe according to our law, and these constitutional traits are a part of the symptoms of the case.

Dr. J. H. Allen—I agree with Drs. Allen and Clark in that if a remedy comes under the law of similia prescribe it, no matter what has preceded it. I pay very little attention to what remedy has been given before—or, in other words, to the sequence of remedies.

Dr. Pease—I have found by experience in a few satisfactory cases that it does not always pay to adhere too closely to this question of diathesis under certain remedies. I have in mind one or two cases to which I administered Calc-phos. when the

symptoms called for Calc-carb., under the impression that that was the right thing to do when the patients were of dark complexion. It had no effect, while Calc-carb. gave prompt and curative results. I have also a recent case in which Puls. did great good, although the patient was of dark complexion and black hair. The trouble was a chronic one of enlargement of the heart. I hesitated for a long time to give him Puls. on account of his temperament, and tried other remedies. I never had better results than when I gave him Puls.<sup>em</sup>. He is now improving rapidly.

Dr. Wm. Wesselhœft—When we speak of the diathesis (a word, by the way, which I hate) of a patient, we seek to express in one word his appearance, build, complexion, and temperament. This diathesis should always be regarded as simply one symptom in the case and not anything else. The idea of excluding a remedy because a patient has black hair and is thin, or of prescribing a remedy because the patient is a blond woman and blushes easily is all wrong. It was not the idea of Hahnemann or of his followers. The idea was to give, for the use of the profession, those temperaments in which certain remedies had proved most efficacious or from which the provers had received the most characteristic symptoms. It was not wrong for the gentleman who preceded me to give Pulsatilla to a person of dark complexion with black hair, provided these facts were given due consideration as contra-indications for that remedy. They are to be considered as symptoms, and neither slighted nor given undue weight. In this light it was perfectly legitimate for him to give Pulsatilla. If a fat, fair-haired girl comes into a homœopathic doctor's office and blushes the moment she begins to relate her symptoms he thinks of Calcarea and may ask for more Calcarea symptoms, but it would be wrong to prescribe Calcarea off-hand. Calcarea may be not at all indicated in her case despite her complexion and easy blushing. It would be equally wrong to refuse to consider Calcarea simply because the patient was thin and dark. As regards the sequence of remedies I think there is a great deal to be learned yet. It is a subject upon which we need the observations of our



ablest men, not as final or as something which may not be changed, but as helps, capable of further improvement toward the clearing up of a difficult subject. Personally, I am sure that Sulphur does not follow Calcarea well. I am very sure that Rhus does not follow Apis well. I am sure that Sulphur does not follow Lycopodium well. On the other hand, I am sure that Calcarea may follow Sulphur with benefit. I am perfectly convinced that Rhus after Apis has done tremendous harm in erysipelas. I believe if we are thoroughly honest in our observations we may do valuable service to ourselves and to our successors as to what follows well and what does not follow well.

In regard to the suppression of symptoms which the doctor's paper has so beautifully illustrated for us, I want to give one case from memory. A young lady came to my office with an aggravated case of dyspepsia; she had a sensation as if there was a stone in her stomach, with tremendous depression of spirits and constant eructations of wind, loud and uncontrollable. The attacks would pass off for a time and then come back with the same characteristics. This went on for the better part of a year. One day she came hobbling into my office much better of her dyspepsia, but said she: "Those horrid corns have come back again."

I found that she had had corns for three years; on the little toe were two large, horny excrescences, each one with a seed, as it is called, in the centre; the growth occupied the whole of the little toe. Whenever she had had an attack of corns she had gone to a chiropodist to have them fixed up, and was on her way to his office. She had to go every two or three months; he would shave them down and put Iodine on them and then a blister.

By comparing notes I found that whenever her corns hurt her she was free from gastric symptoms, and that when the chiropodist had cured her corns she had a bad attack of dyspepsia. I told her she must leave her corns to me, and in a new examination, including the corns, I found marked indications for Sepia, a remedy which I had never thought of in her case.



I gave her one dose of Sepia and in less than three months the corns were gone and there was no recurrence of the gastric symptoms; all of which shows that we must respect corns, warts, and every single excrescence which comes on the skin.

Dr. H. C. Allen—Hahnemann lays down a rule in *The Organon* that we are to pay but little attention to any single symptom. We must not prescribe on any single symptom; he also says no single symptom should necessarily throw a remedy out. We are to prescribe on the totality and not on a single symptom. Nor, as I just said, can a single symptom throw out a remedy. While it is true that Nux-vomica, Calcarea, Pulsatilla, Sulphur, Capsicum, and many other remedies have a peculiarly strong effect on people of certain complexions and constitutions, yet it is also true that these remedies *may* be indicated in constitutions the very opposites of those in which they are usually indicated. I have cured perfect Nux-vomica complexions and temperaments with Pulsatilla.

Dr. T. S. Hoyne—Hahnemann also said that we should pay especial attention to those symptoms which are peculiar and characteristic. I think there can be no question but what the father of that child was syphilitic. Between the lines of the essay in which the father was described I can read syphilis. The external manifestation of the disease was suppressed and the child had hereditary syphilis. In children with hereditary syphilis the signs of the disease generally almost always appear during the first four weeks of its existence. If the skin remains clear up to the end of the sixth week we are warranted in excluding congenital syphilis from our diagnosis.

Dr. A. R. Morgan—As I understand the paper it seems to me that the Calcarea 30th and 200th were not used after the manner of Hahnemann.

Dr. E. E. Case—The teachings of Hahnemann are, I believe, to give a remedy and then to wait until the improvement set up gives out, and then either to repeat or give another remedy as the symptoms indicate. At the time I was treating this case I perhaps used the remedies with less skill than I now do. No doubt I gave too much medicine. In regard to Dr. Hoyne's

point I could almost take my oath that man never had primary syphilis.

Dr. Hoyne—Still, it is impossible for a man to inherit syphilis and then communicate it as secondary or tertiary syphilis.

Dr. E. E. Case—Could not the active state of the psoriasis in the father, when the child was conceived, have an effect upon the offspring?

Dr. A. R. Morgan—To go back to the original question of Dr. Pease, I should confirm what Drs. H. C. Allen and Wesselhœft have said: the temperament and complexion are suggestive of the remedy, not conclusive. Also, I think most of the failures in treating chronic diseases arise from too frequent prescriptions. The natural inclination is to repeat or change before allowing the full results of the previous dose to take place.

Dr. A. Fisher—Referring to the case of corns reported by Dr. Wesselhœft, I acknowledge that corns are generally a constitutional effect, but I also maintain that very frequently they depend upon bad footgear. The best local treatment I have ever found is to rub them with common yellow soap.

Dr. Holmes—Do you use water also?

Dr. Fisher—No, sir, not at all—and then pull the stockings on over the soap. This softens them by making a lather with the perspiration and makes them painless, and is not, I think, an unjustifiable interference with the action of the indicated remedy whatever that may be.

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THE SUPPRESSION OF SYMPTOMS by massive doses of drugs or by topical applications would seem to be so familiar that no physician could be found who would treat in that way. Yet most old-school practitioners and many homœopathsists resort to such measures, and when the results arise deny the cause. The case related by Dr. Wesselhœft, on page 465, is a very striking and rare illustration of the principle of metastasis after suppression. The editor has seen a case of violent headache caused by suppressing the intense itching, burning, and stinging of an eruption on the leg, by applications of salt water.

EDITOR.

## PROVINGS AND CLINICAL OBSERVATIONS WITH HIGH POTENCIES.

MALCOLM MACFARLAN, M. D., PHILADELPHIA, PA.

TARAXACUM<sup>67M</sup>.

Abdomen greatly distended with gas.

TUSSILAGO<sup>1M</sup>.

Abdomen distended mostly about the epigastrium ; remained so for several days.

VERBASCUM<sup>45M</sup>.

Cramps about the navel, seems as if the pains were of a twisting kind.

ANUS.

ACTÆA-RAC.<sup>5C</sup>.

Costive in a slight degree.

ADEPS<sup>1M</sup>.

Produced constipation ; hard, dry stool ; in other provera bowels that had been very costive now move daily ; feels weak after stool.

Cramps about the navel, especially before and after stool.

ALUMINA<sup>91M</sup>.

*Constipation* ; stools of a small size, very difficult to expel ; dysentery in some provers ; can pass urine only during stool. One of the most reliable remedies in the chronic constipation of females.

ALETRIS<sup>45M</sup>.

Severe pains in rectum or anus ; desire to have a stool ; the pain in rectum when she had a movement was fearful ; felt as if she were forcing a passage, as from an obstruction.

ADEPS<sup>1M</sup>.

Caused the bowels to be loose or open that were constipated; verified this a very great many times. It is my principal remedy in hard, dry, dark stools, difficult of expulsion.

APIS<sup>CM</sup>.

Cured quickly the most remarkable case of a woman, at the change of life, who, after a natural passage in the morning, would have half a dozen small, straining passages of blood, mucus, and fæces, very offensive. The disease had been of over a year's duration. Verified in several similar cases.

ARANEA<sup>45M</sup>.

Bowels now daily moving, usually four to five days constipated. Urinary symptoms, mentioned elsewhere, are most prominent.

ARSENIC<sup>6M</sup>.

Frequent small stools, of a watery kind.

AGARIC<sup>2M</sup>.

Bowels now move twice a day instead of once.

BELL.<sup>101M</sup>.

Bowels loose, symptom appearing after several days' proving, primary symptoms.

Bowels constipated very much, dark and hard.

CAPSICUM<sup>1M</sup>.

Produced a most violent attack of diarrhœa, coming on suddenly. Verified often.

CAUSTICUM<sup>30M</sup>.

Cured her obstinate constipation; bowels now move daily. The case was one when other curative symptoms of Causticum were indicated.



CARB-VEG.<sup>1M</sup>.

*Diarrhœa*, with severe griping, lasting several days. A constant and reliable symptom.

COCHLEAR.<sup>10M</sup>.

Profuse painless diarrhœa, no nausea.

Itching and burning at the anus ; twenty movements in his bowels on fourth or fifth day, taking the remedy every hour.

Straining at anus with burning and stinging in several provers.

COLLINSONIA<sup>45M</sup>.

Cured a most inveterate case of piles with dyspeptic symptoms ; frequent good results from this remedy in such cases.

CUPRUM-ACET.<sup>45M</sup>.

Bowels rather costive, with nausea.

DIGITALIS<sup>CM</sup>.

Watery diarrhœa, with much thirst ; often verified.

EUONYMUS<sup>10M</sup>.

Bowels move more freely, loose one night four or five times, after proving the remedy for a week, taking it twelve times daily.

GETTYSBURG SP. WATER<sup>45M</sup>.

Bowels that were regular are now costive ; not a prominent symptom.

Bowels loose that were costive. The result of many observations.

GINSENG<sup>46M</sup>.

Bowels loose, with griping pain.

HYPERICUM<sup>45M</sup>.

Bowels loose, now move two or three times every day, formerly normal.

Caused symptoms like cholera morbus, lasting three days, afterward became constipated.

GELSEM.<sup>CM</sup>.

Caused very loose watery stools, after taking remedy for two weeks.

LILIUM-TIG.<sup>45M</sup>.

Her bowels which were costive now move more regularly, better than they have ever been, they were always obstinately costive before the proving.

MERC-CORR.<sup>5C</sup>.

After much observation believed to be the most effectual remedy in frequent bloody offensive stools, with great pain in rectum mostly.

MERC-VIV.<sup>101M</sup>.

Had made constipated bowels regular, when stools were small, dark, dry, with severe dyspeptic symptoms.

Highly curative in "bloody flux" or dysentery occurring in the army; violent straining, blood, mucus, pain.

Curative in constipation, with foul breath, severe dyspepsia.

MERC-PROT-IOD.<sup>2C</sup>.

Produced movements every few minutes; slight stools, light in color; much mucus. Symptoms noticed on the third day in a child.

MURIATIC-ACID<sup>5C</sup>.

Slight diarrhoea and pain in small intestines.

MENTHA-PIP.<sup>5C</sup>.

Bowels somewhat loose, griping, wind, frequent eructations.

NITRIC-ACID<sup>CM</sup>.

Bowels loose twice daily.

NUX-VOM.<sup>94M</sup>.

Bowels costive when before regular.

PHYTOLACCA<sup>47M</sup>.

Bowels costive, to a slight degree.

PLANTAGO-MAJ.<sup>5C</sup>.

Passes much mucus from his bowels, which move oftener than usual.

PLANTAGO-MIN.<sup>11C</sup>.

Severe pain, with a desire for movement ; ineffectual calls to stool.

Bowels constipated and disposition to piles, a frequent condition ; disposition to strain at stool.

POLYGONUM<sup>42M</sup>.

Bowels more regular ; relief of severe dyspeptic symptoms ; weight at epigastrium ; sensation of heat in stomach.

PSORINUM<sup>42M</sup>.

Bowels move four or five times a day. This symptom lasts for a long time after ceasing the remedy.

The child had always been subject to loose bowels, but since taking the medicine had become costive.

Operate on the woman's bowels too much, move too freely.

Made a wonderful cure of cholera infantum in a scrofulous or delicate child, no vomiting ; stools light in color, watery, and offensive.

Bowels which were regular now somewhat constipated.

PLUMBUM-ACET.<sup>1M</sup>.

Caused very free movements of the bowels six and eight times daily.

Found most useful in constipation, with forms of dyspepsia, with emaciation ; with bad or yellow color, exhaustion, foul breath.

STRONTIA<sup>5C</sup>.

Bowels which moved only twice a week now loose. Frequent cutting pain in lower abdomen and rectum ; disposition to strain

or bear down ; symptoms of dysentery in several provers ; no nausea ; all the provers had somewhat similar symptoms, after taking the medicine for a week ; given hourly.

#### SYMPHYTUM<sup>15C</sup>.

Cramp and diarrhoea.

#### TEREB.<sup>17M</sup>.

*Piles, bleeding ; painful.* One of the most reliable remedies in curing hemorrhoids, especially when bleeding is a prominent symptom.

#### THUJA<sup>60M</sup>.

Caused frequent small, painful movements.

#### TUSSILAGO<sup>1M</sup>.

Bowels much constipated ; distress at epigastrium ; complete loss of appetite.

#### TEREB.<sup>17M</sup>.

Highly curative in some forms of piles, especially attended with bleeding.

<sup>θ</sup> useful in *ascarides* ; highly curative in itching of the anus.

#### TRIF-PRETENS.<sup>10M</sup>.

*Often cured chronic constipation ;* bowels often loose after the remedy. Verified this in hundreds of cases since the first proving thirty years ago.

#### VERBASCUM<sup>45M</sup>.

Violent diarrhoea on third day ; eighteen and twenty movements daily, after the remedy had been taken a week.

#### ZINGIBER<sup>CM</sup>.

Loose stools, with much griping ; stools which were previously black are now light in color.



KREOSOTE<sup>CM</sup>.

Caused cutting pain in abdomen; green stools with mucus, nausea, and weakness. Cured (in the greatest heat of summer) when many children were dying of cholera infantum; vomiting, whining, purging, etc. Cured very many bad cases when other medicines were previously tried without any good effect. I earnestly urge all who read this to try this remedy in cholera infantum; it is magical in its curative action generally. Kreosote high was accidentally, in a manner, given as a forlorn hope in a desperate case of cholera infantum, in 1870, with curative effect, and since then often verified.

## URINE.

ACTEA-RACEMOSA<sup>5C</sup>.

Dark colored urine; passes it frequently and small quantities.

APIS<sup>CM</sup>.

Wonderfully curative in the difficulty of urination common to children; weakness of the sphincters.

## GLEANINGS.

F. H. LUTZE, M. D., BROOKLYN, N. Y.

## EYES.

As if falling from sockets. Tril.

— — — pulled out. Natr-c.

— — — starting from sockets. Bell.

— pain in, < lying on left side. Lac-fel.

— — — < — on painful side. Syphilin.

— — — > — — —. Zinc.

— — — right eyeball, extends to right forehead and temple

< P. M. Badiaga.

Visions on closing eyes. Apis, Argent-n., Ars., Atrop., Bell., Bry., Calc-c., Camph., Caust., Chloral, China, Coccul., Euphras., Gels., Graph., Helleb., Ignat., Laches., Led., Lycopod., Natr-m., Natr-ars., Petrol., Plumb., Puls., Sambuc., Seraph., Sepia, Spong., Stram., Sulph., Tarent., Thuja.

Tears, absence of in children four months old usually denotes a fatal disease.

On opening eyes terrified to spasms. Stram.

Like needles through left eyeball. Spigel.

Quivering of left upper lid, especially in convulsions of children. Arum-tri.

Vision obscured as by smoke. Gels., Crocus.

A straw appears to him so large he lifts his foot up high in order to step over it. Agaricus.

Lashes of eyes turn inward toward eye and inflame it, especially at outer canthus, where margins are very sore. Borax, Silicea, Puls.

Eyes seem to turn in head ; roll up all the time ; pain in right eye and right forehead. Gels.

— fixed on dark sides of the room away from the light. Stramon.

— smarting at external canthi, which are red and prick at times. Sulph.

Yellow or greenish-yellow halo around the light. Sulph.

Injuries to eyes. Acon., Symphyt.

## EARS.

Earache in babies ; they want to be carried slowly ; cry sad and heartbroken ; < heat, > cold air. Puls.

— ache. Child cries lustily > heat, and pressing ear against nurse's breast. Cham.

Distention of ears. Bell., Kali-iod., Laurocer., Nitr-ac.

Otitis with fish-brine odor. Tellur.

— — putrid meat odor. Thuja.

Hearing acute only for human voice. Ignat.

— dull for human voice. Phos.

Deafness from concussion or sustained shock as from explosion of cannon. Arnic.<sup>30</sup>, Strychnin.<sup>6</sup>

— from fatigue. Pier-acid.

— — worry or mental shock or hard work. Magn-c.

— to distant sounds. Taunic-ac.

— due to a culmination of all above. Chinin-sulph.<sup>30</sup> not lower potency.

Hearing water run from a hydrant turns him sick; must leave table. Hydrophob.

Inflammation, acute, of middle ear. Acon., Bell., Cham., Fer-phos., Gels., Puls.

— chronic, catarrhal of middle ear. Baryt-m., Iod., Kali-mur., Kali-sulph., Merc-dul., Merc-iod-rub.

— of mastoid process. Caps., Hep., Sil.

Chronic otitis media suppurativa. Calc-c., Calc-phos., Calc-sulph., Elaps, Kali-sulph., Merc., Silicea, Sulph., Teucrium.

Neuralgia of ear. Cham., Dulc., Plantag-maj.

— — — from getting wet. Silicea.

— — — — carious teeth. Plant-m.

Congestion, cerebral, from diseases of middle ear. Bell., Cicuta-vir., Coccul., Fer-phos., Gels., Glon., Op., Veratr-vir.

Buzzing and roaring in ears. Chin-s.

— — — — with dizziness. Digit.

Roaring in ears, with difficult hearing. Soda-salicyl.

Re-echo, sounds re-echo in ears. Caust., Kali-brom., Nitric-ac., Nux-v., Glon., Phos., Phos-ac., Sarsapar., Therid., Secale.

Roaring, ringing, hissing, or singing in ears or tinkling; Chin-sulph.

Ringing and tinkling with deafness as if the ear was stopped up by a membrane. Carbon-s., Graph., Hydrastis-c.

Sensitiveness to 32-feet organ pipes. Chenopod-anthelmint.

Hissing in ears, > by inserting finger and drawing parts asunder. Æthus.

Sensation of wind rushing out of ears. Chenopodium-glauci.

— — cold wind blowing into the right ear. Causticum, Mang., Meny., Plat., Staph.

Hearing better, when riding in the car or a carriage. Graph., Puls.

Hammering and tearing in ears, *evening in bed till after midnight*, with micturition every half-hour, and coldness of legs up to knees. Thuja.

Otalgia, discharge ichorous, scalding pain pressing as from a plug. Silicea.

### Nose.

Fan-like motion of alæ-nasi. Ant-tart., Bapt., Brom., Ammoniacum., Chelidon., Lycopod., Phos.

Lump in posterior nose, sensation of. Wyethia.

Odor before nose as of an old catarrh, only subjective (to patient). Sulph.

— — — abominable to every one about. Merc.

Pressure on root of nose. Kali-bich., Nux-vom., Sticta-pulm.

Eruption, herpetic on end of nose. Æthusa.

Snuffles of children. Amm-c., Lycopod.

Cannot breathe through nose, must breathe through mouth. Amm-c.

Picks nose constantly, which bleeds easy, picks finger tips, does not like to answer questions. Conium.

Stuffed feeling at root of nose. Kali-bich., Nux-v., Sticta-p.

Nose sensitive, when inhaling cold air. Psor. (Actea, Cistus.)

Sensation of a lump in posterior nares, with dryness. Wyethia.

On sneezing or blowing nose, a pain in a hollow tooth. Thuja.

### FACE.

Chapped lips. Alum., Arn., Chin., Graph., Nux-mosch.

Cracks in middle of upper lip. Bell.

— — — — lower lip. Cham., Hep., Puls., Phos.

Flushes of heat. Cimicif., Sulph., Sang., Veratr-vir., Ambr-gris., Oleum-an., Puls.

Hydroa on lips, at first clear, tending to yellow amber color, in clusters. Rhus-t.



- Hydroa on lips, whiter, more pearly and singly. Natrum-mur.  
 Lips, peeling off. Thuja, Sulph-ac.  
 — — — painful. Nux-vom.  
 — picking, and nose, etc. Arum-tri., Con., Hell., Lachesis,  
 Selen., Stront., Bell.  
 — scaling off. Berberis.  
 Tickling on face as of a hair. Laurocer.  
 Face pale, hippocratic during uterine hæmorrhage. China.  
 Ulcers or large sores on right side of nose. Ranunculus-  
 scel.  
 Face wrinkled, with violent speech. Stram.  
 Erysipelas of left side of face or whole face, pain < laughing.  
 Borax.  
 Flushes of heat, followed by profuse, warm perspiration.  
 Sulph.  
 — — — — — — — — — which soon becomes cold. Lachesis.  
 — — — associated with mental depression, as if a cloud had  
 settled over the patient; distressed and suspicious without cause.  
 Cimicif.  
 Yellow color about the mouth. Agar., Ars., Cina, Magnes-  
 m., Sepia.  
 Erysipelas from right to left side of face. Apis.  
 — — left to right. Rhus-t.  
 — with delirium. Stram.

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### BOOK NOTICES.

PSYCHOPATHIA SEXUALIS, WITH ESPECIAL REFERENCE TO  
 CONTRARY SEXUAL INSTINCT. A Medico-Legal Study.  
 By Dr. R. von Krafft-Ebing, Professor of Psychiatry and  
 Neurology. University of Vienna. Authorized translation  
 of the seventh, enlarged and revised, German edition. By  
 Charles Gilbert Chaddock, M. D., Professor of Nervous and  
 Mental Diseases, Marion-Sims College of Medicine, St.  
 Louis; Fellow of the Chicago Academy of Medicine; Cor-  
 responding Member of the Detroit Academy of Medicine;

Associate Member of the American Medico-Psychological Association, etc. In one royal octavo volume, 436 pages, extra cloth, \$3.00 net; sheep, \$4.00 net. Sold only by subscription. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

This very remarkable book, one of the most remarkable from the standpoint of the subject treated ever issued from the press, gives the reader a glimpse of some of the underlying causes of many of the most remarkable social phenomena which are forever occurring and forever puzzling the uninitiated. Crimes, we call them, crimes of the most revolting type, compromising alike the innocent and the guilty, shattering family unions, occupying the attention of the courts, and filling the newspapers with the unsavory recitals.

The influences at work are more powerful for evil than even the love of money. The results even more criminal than those of money-getting.

The object of the book, as stated in the preface, is "a description of the pathological manifestations of the sexual life, and an attempt to refer them to their underlying conditions."

In these pages will be found a revelation of wickedness that must make the reader feel that he has had a peep through the "gates ajar" of Hades.

Yet no prurient imagination can find food for gratification in the perusal of this work. Arranged upon a perfectly scientific basis, it can gratify no idle curiosity, inflame no latent lust. Wherever the descriptions pass the bounds of propriety the worst passages are obscured by being rendered in Latin. The work can be utilized by the physician only. For him it throws a flood of light upon the phenomena which he witnesses in his daily life, which make his task difficult, and which involve him in one way or another, hampering his progress, and adding to his anxieties. To quote again from the preface: "He who makes the psychopathology of sexual life the object of scientific study sees himself placed on a dark side of human life and misery, in the shadows of which the god-like creations of the poet become hideous masks, and morals and æsthetics seem out of place in the image of God."

"For the physician himself, sexual anomalies, treated as they are in a distant manner in text-books on psychiatry, are in greater part a *terra incognita*. Exact knowledge of the causes and conditions of development of sexual aberrations, and of the influence on them of hereditary constitution, education, the impressions of everyday life, and modern refined civilization is the prerequisite for a rational prophylaxis of sexual aberrations, and for a correct sexual education. Without a careful study of the circumstances which attend the development of sexual anomalies, we should never be in a position to use effectual therapeutics. The majority of these unfortunates—Krafft-Ebing calls them Nature's stepchildren—are devoid of insight into their malady: like insane patients, destitute of understanding of the ethical development of man, they are happy in their abnormal instinctive tendency. For this rea-

son, in spite of the great prevalence of uranism, very few of its subjects seek medical treatment."

This lengthy quotation from the preface will serve better than any words of the reviewer to show the object of the book, its scope, and its great value as an addition to medical literature.

TRANSACTIONS OF THE FORTY-FIFTH SESSION OF AMERICAN INSTITUTE OF HOMOEOPATHY, forty-eighth anniversary, held at Washington, D. C., June 13th to 17th, 1892. Edited by Pemberton Dudley, M. D., General Secretary. Philadelphia: Sherman & Co., Printers, Seventh and Cherry Streets, 1892.

These transactions form a fine volume of nearly eleven hundred pages. They were issued nearly three months ago. It has been the intention of the editor of this journal to give them an extended review; it is not possible to do so, and the intention is abandoned, and, instead, only this announcement of their being published is made, and with the statement that copies may be had of the Secretary, Dr. Pemberton Dudley, 1405 North Sixteenth Street, Philadelphia, Pa.

A CHAPTER ON CHOLERA FOR LAY READERS: HISTORY, SYMPTOMS, PREVENTION, AND TREATMENT OF THE DISEASE. By Walter Vought, Ph. B., M. D., Medical Director and Physician-in-Charge of the Fire Island Quarantine Station, Port of New York; Fellow of the New York Academy of Medicine, etc. Illustrated with colored plates and wood engravings. In one small 12mo volume, 110 pages. Price, 75 cents net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

This is a neat little volume which is quite seasonable, now that every one is expecting an outbreak of this dread scourge. It is an excellent little book, giving in small compass the history of cholera, its causes, character, symptoms, diagnosis, prognosis, treatment, prevention, quarantine, and disinfection. All these points are ably discussed, and the latest information given. It is, however, in the matter of treatment where the little volume seems deficient, even from the old-school standpoint. The treatment most highly recommended is Calomel, in doses of from one-third to three-fourths grain, every two or three hours. The pains are to be relieved by hypodermic injections of Morphine, and vomiting is relieved by champagne or brandy and water.

Generally speaking, the little volume is a welcome addition to the rapidly accumulating literature of cholera. It is a good book for circulation among the laity provided they do not attempt to treat themselves without the aid of a physician.

Lach., Mosch., Phos., Phos-ac., Rheum., Rhus, Sabad.,  
Sil., Spig., Sulph., Verat.

*Beginning with Sweat.*

*Sweat, then chill.* Carbo-v. or Hep., Nux-v.

— — *then sweat.* Nux-v.

— *then heat.* Nux-v. or Caps.

— *alternating with dry heat.* Apis.



## PART III.—REPERTORY.

TRANSLATED FROM BENNINGHAUSEN.

REPERTORY OF SYMPTOMS OF MEDICINES BY WHICH THEY  
ARE RELATED TO TREATMENT OF FEVERS.

### I. CIRCULATION.

*Veins, distention of.* Amm., Arn., Bell., Carbo-v., Chin.,  
Croc., Fer., Graph., Hyos., Nux-v., Phos., Phos-ac.,  
Puls., Spong., Staph., Sulph., Thuja or

Acon., Alum., Ambr., Ant-tart., Ars., Aur., Bar., Bov.,  
Bry., Calc., Camph., Caust., Chel., Cic., Clem., Cocc., Coloc.,  
Con., Creos., Cycl., Fluor., Hep., Lach., Laur., Lyc.,  
Magn., Merc., Mosch., Natr., Natr-mur., Oleand., Op.,  
Rheum, Rhod., Rhus, Ruta, Sarsap., Selen., Sep., Sil.,  
Spig., Stront., Sulph-ac., Zinc.

— — *on the head.* Bell., Fer., Spig., Thuja or

Ars., Calc., Chin., Sil., Staph.

— — *on the face.* Bar., Bell., Fer., Stram., Thuja or

Acon., Ambr., Ars., Bov., Calc., Caust., Chin., Clem.,  
Graph., Natr., Natr-mur., Op., Phos., Phos-ac., Spig.,  
Sulph.

— — *on the throat.* Ars., Bell., Lach., Op., Thuja or

Arn., Calc., Con., Graph., Hep., Lyc., Oleand., Rhus,  
Spong.

— — *on the hands.* Arn., Bar., Chin., Men., Nux-v., Phos.,  
Puls., Rhus, Sulph., Thuja or

Acon., Alum., Ambr., Berb., Bry., Calc., Caust., Chel.,  
Cic., Cycl., Fluor., Laur., Lyc., Mosch., Natr-mur.,  
Oleand., Op., Phos-ac., Rheum, Rhod., Ruta, Sarsap.,  
Selen., Sep., Sil., Staph., Stront.

— — *on the feet.* Arn., Ars., Aur., Carbo-v., Cycl., Fer., Lyc.,  
Natr-mur., Puls., Sulph., Thuja, Zinc or

Ambr., Ant-tart., Bar., Bell., Calc., Caust., Coloc., Creos., Graph., Lach., Nux-v., Phos., Rhod., Rhus, Sep., Sil., Spig., Spong., Stront., Sulph-ac.

*Veins, burning.* Ars., Bry., Rhus or

Calc., Hyos., Natr-mur., Op., Verat.

— *inflammation of.* Acon., Ant-tart., Cham., Puls., Sulph. or

Arn., Ars., Bell., Carbo-v., Creos., Lach., Lyc., Nux-v., Rhus, Sep., Sil., Spig., Thuja, Zinc.

— *sensation of cold.* Acon., Ars., Rhus, Verat. or

Ant-tart., Lyc.

— *throbbing.* Acon., Anac., Ant-tart., Arn., Bell., Calc., Canth., Carbo-an., Clem., Coloc., Con., Creos., Hep., Ign., Iod., Kali, Merc., Natr-mur., Nux-v., Phos., Puls., Rhus, Sabad., Sabin., Selen., Sep., Thuja, Zinc., or

Ars., Asar., Aur., Bov., Bry., Calad., Caps., Cupr., Fer., Graph., Hell., Natr., Nitr., Nitr-ac., Phos-ac., Plumb., Sarsap., Sil., Staph., Sulph.

— *varicose.* Ambr., Arn., Ars., Calc., Carbo-v., Caust., Fer., Graph., Lach., Lyc., Natr-mur., Puls., Spig., Sulph., Thuja, Zinc or

Ant-tart., Coloc., Creos., Magn., Nux-v., Sil., Sulph-ac.

— *as if the skin were marbled.* Ars., Carbo-v., Caust., Lyc., Plat., Sep., Thuja or

Ant-tart., Bell., Calc., Carbo-an., Clem., Creos., Graph., Lach., Merc., Natr-mur., Nitr-ac., Nux-v., Petr., Phos., Puls., Rhus, Sil., Staph., Sulph., Sulph-ac.

*Congestion in general.* Acon., Arn., Bell., Bry., Calc., Carbo-an., Carbo-v., Chin., Con., Fer., Graph., Hyos., Lach., Lyc., Merc., Natr., Natr-mur., Nitr-ac., Nux-m., Nux-v., Phos., Phos-ac., Puls., Ran-bulb., Rhus, Seneg., Sep., Sil., Spong., Stram., Sulph., Thuja, Valer., Viol-od. or

Agar., Alum., Ambr., Amm., Amm-mur., Ang., Ant-c., Ant-tart., Apis, Ars., Asaf., Bar., Bor., Bov., Brom., Calad., Camph., Cann., Canth., Caust., Cham., Chel.,

Clem., Cocc., Coff., Coloc., Croc., Cupr., Cycl., Dig., Dule., Euphras., Fluor., Guaj., Hell., Hep., Ign., Iod., Ipec., Kali, Laur., Led., Magn., Magn-mur., Mang., Merc-corr., Mezer., Mosch., Nitr., Op., Petr., Plat., Plumb., Rhod., Sabin., Samb., Sarsap., Scill., Secale, Selen., Spig., Staph., Sulph-ac., Tar., Verat., Vit., Zinc.

*Congestion in general.* Acon., Apis, Aur., Bell., Bry., Calc., Cann., Carbo-v., Chin., Coff., Fer., Graph., Hyos., Kali, Lyc., Merc., Mosch., Natr-mur., Nitr-ac., Nux-v., Op., Phos., Phos-ac., Puls., Rhus, Sep., Sil., Spong., Stram., Sulph., Thuja, Verat., Viol-od. or

Ambr., Amm-mur., Ant-c., Arn., Asaf., Bar., Bor., Bov., Brom., Camph., Canth., Carbo-an., Caust., Cham., Chel., Coloc., Con., Dig., Dule., Guaj., Hell., Ign., Iod., Lach., Laur., Magn., Mezer., Natr., Nitr., Nux-m., Petr., Plumb., Ran-bulb., Sabin., Seneg., Staph., Tar, Valer., Viol-tr., Zinc.

— *of the head.* Acon., Apis, Aur., Bell., Bry., Calc., Cann., Carbo-v., Chin., Coff., Ferr., Graph., Hyos., Kali, Lyc., Merc., Mosch., Natr-mur., Nitr-ac., Nux-v., Op., Phos., Phos-ac., Puls., Rhus, Sep., Sil., Spong., Stram., Sulph., Thuja, Verat., Viol-od. or

Ambr., Amm-mur., Ant-c., Arn., Asaf., Bar., Bor., Bov., Brom., Camph., Canth., Carbo-an., Caust., Cham., Chel., Coloc., Con., Dig., Dule., Guaj., Hell., Ign., Iod., Lach., Laur., Magn., Mang., Mezer., Natr., Nitr., Nux-m., Petr., Plumb., Ran-bulb., Sabin., Seneg., Staph., Tar, Valer., Viol-tr., Zinc.

— *to the eyes.* Acon., Arn., Bell., Calc., Nux-v., Puls., Rhus, Sep., Spig., Sulph. or

Alum., Apis, Aur., Brom., Bry., Carbo-v., Cham., Clem., Coff., Con., Croc., Euphras., Hep., Lach., Laur., Lyc., Merc., Phos., Plumb., Ruta, Seneg., Sil., Stram., Thuja, Verat.

— *to the ears.* Alum., Aur., Calc., Caust., Con., Fluor., Graph., Kali, Lyc., Merc., Natr-mur., Nitr-ac., Nux-v., Phos., Puls., Sep., Spig., Sulph. or

Acon., Agar., Anac., Ant-c., Arn., Bell., Bor., Bry., Camph., Cann., Canth., Carbo-v., Chin., Cocc., Colch., Creos., Dros., Ferr., Hep., Ign., Iod., Led., Magn-mur., Nitr., Op., Petr., Plat., Rheum, Rhod., Rhus, Secale, Selen., Sil., Spong., Staph., Stram., Sulph-ac., Verat., Viol-od., Vit.

*Congestion to the nose.* Acon., Arn., Aur., Bell., Bry., Calc., Caust., Chin., Croc., Cupr., Dros., Ferr., Graph., Ipec., Kali, Led., Lyc., Merc., Mosch., Natr., Nitr., Nitr-ac., Nux-v., Phos-ac., Puls., Rhus, Secale, Sil., Spig., Sulph., Sulph-ac., Thuja or

Agar., Alum., Ambr., Amm., Anac., Ant-c., Apis, Arg., Ars., Bar., Bor., Cann., Canth., Caps., Carbo-an., Carbo-v., Cham., Cina, Coff., Colch., Con., Creos., Dule., Euphras., Hep., Hyos., Iod., Lach., Magn., Magn-mur., Natr-mur., Petr., Phos., Ran-bulb., Ruta, Sabad., Sabin., Samb., Sarsap., Sep., Spong., Stann., Tar., Verat.

— *to the face.* Acon., Ant-c., Apis, Arn., Bell., Bry., Calc., Caps., Cham., Chin., Cocc., Coff., Cupr., Dros., Ferr., Hep., Hyos., Lach., Lyc., Nux-v., Op., Phos., Phos-ac., Puls., Rhus, Sil., Spong., Stram., Sulph. or

Alum., Ang., Arg., Ars., Aur., Bar., Bov., Calad., Camph., Cann., Canth., Carbo-v., Caust., Chel., Cic., Clem., Coloc., Con., Graph., Ign., Kali, Laur., Magn., Men., Merc., Merc-corr., Mezer., Mosch., Mur-ac., Natr., Natr-mur., Nitr., Nux-m., Plat., Ran-bulb., Sabad., Samb., Scill., Secale, Sep., Spig., Stann., Stront., Tar., Thuja, Valer., Verat.

— *to the chest.* Acon., Amm., Apis, Arn., Aur., Bell., Bry., Calc., Camph., Carbo-v., Chin., Con., Hyos., Lyc., Nitr-ac., Nux-v., Phos., Puls., Rhod., Scill., Seneg., Sep., Spig., Spong., Sulph., Thuja or

Alum., Amm-mur., Anac., Ars., Asaf., Bar., Bov., Brom., Calad., Cann., Canth., Caps., Cham., Coff., Cupr., Cycl., Dig., Dule., Ferr., Graph., Guaj., Ign., Iod., Kali, Lach., Magn-mur., Mang., Men., Merc., Mur-ac., Natr.,



Natr-mur., Nitr., Oleand., Par., Phos-ac., Ran-bulb., Rhus, Sabad., Sil., Stram., Verat., Zinc.

*Congestion to the abdomen.* Acon., Apis, Ars., Bell., Bry., Calc., Chin., Fluor., Lyc., Merc., Nux-v., Phos., Plumb., Puls., Rhus, Sep., Sil., Sulph., Thuja or

Alum., Amm., Ant-c., Ant-tart., Ars., Asaf., Brom., Calad., Cann., Canth., Caps., Carbo-an., Carbo-v., Cham., Cie., Coloc., Dig., Dule., Euphorb., Ferr., Graph., Hep., Hyos., Ign., Iod., Ipec., Kali, Lach., Laur., Mere-corr., Mezer., Nitr., Op., Petr., Phos-ac., Plat., Sabin., Sarsap., Scill., Selen., Spig., Spong., Stann., Stram., Sulph-ac., Zinc.

—*to the upper extremities.* Acon., Amm., Apis, Arn., Bry., Calc., Chin., Ferr., Lyc., Men., Mere., Nux-v., Phos., Phos-ac., Puls., Rhus, Sep., Sil., Sulph., Thuja or

Alum., Amm-mur., Bar., Bell., Bor., Bov., Brom., Carbo-v., Caust., Cham., Chel., Cie., Cocc., Cycl., Dig., Dros., Dule., Fluor., Hell., Hep., Ign., Iod., Kali, Lact., Laur., Magn., Mar., Mere-corr., Mezer., Mosch., Nitr-ac., Oleand., Op., Par., Plat., Rheum, Rhod., Ruta, Sabad., Sarsap., Scill., Secale, Selen., Staph., Stront., Sulph-ac., Tar., Valer., Verat., Zinc.

—*to the lower extremities.* Acon., Apis, Arn., Aur., Bell., Bry., Calc., Carbo-v., Chin., Fer., Graph., Lach., Lyc., Natr-mur., Nux-v., Phos., Phos-ac., Puls., Rhus, Sabin., Sep., Sil., Sulph., Thuja, Zinc or

Alum., Ambr., Amm., Amm-mur., Anac., Ant-tart., Arg., Asaf., Bor., Brom., Cann., Carbo-an., Caust., Cocc., Coleh., Coloc., Con., Creos., Cupr., Cycl., Dule., Hell., Hep., Iod., Kali, Led., Magn., Magn-m., Mar., Merc., Mur-ac., Natr., Nitr., Nitr-ac., Oleand., Op., Petr., Plat., Plumb., Ran-bulb., Rhod., Ruta, Sabad., Sarsap., Secale, Spig., Spong., Stann., Staph., Stront., Sulph-ac., Vit.

—*Plethora.* Acon., Aur., Bell., Bry., Calc., Cham., Chin., Croc., Fer., Hyos., Ipec., Kali, Lyc., Natr-mur., Nux-v., Phos., Puls., Rhus, Sep., Sulph., Thuja or

Alum., Amm., Arn., Ars., Bar., Canth., Chel., Coloc.,  
Cupr., Dig., Dulc., Graph., Guaj., Hep., Ign., Lach., Merc.,  
Mosch., Natr., Nitr., Nitr-ac., Op., Phos-ac., Sabin., Selen.,  
Seneg., Sil., Stram., Verat.

*Anemia.* Acon., Ant-tart., Ars., Bry., Calc., Chin., Cocc.,  
Con., Fer., Lyc., Mosch., Nitr-ac., Nux-v., Phos., Plat.,  
Puls., Scill., Sep., Staph., Sulph. or

Alum., Arn., Bell., Carbo-v., Cham., Cina, Coff., Coloc.,  
Cupr., Cycl., Dig., Graph., Hell., Hep., Ign., Iod., Kali,  
Lach., Magn., Magn-mur., Merc., Mezer., Natr., Natr-mur.,  
Nux-m., Phos-ac., Plumb., Rhod., Rhus, Ruta, Sabin., Sil.,  
Spig., Stann., Valer., Verat., Zinc.

*Sense of obstructed circulation.* Lyc., Sabad. or

Acon., Bell., Bry., Caust., Croc., Dig., Hep., Ign., Lach.,  
Natr-mur., Nux-v., Oleand., Puls., Rhod., Seneg., Sep.,  
Sulph., Zinc.

*Ebullition of blood.* Acon., Ambr., Arn., Aur., Bell., Bov.,  
Bry., Calc., Caust., Creos., Fer., Hep., Iod., Kali, Lyc.,  
Magn-mur., Merc., Mosch., Nux-m., Phos., Phos-ac.,  
Sabad., Sabin., Samb., Sarsap., Selen., Seneg., Sep., Sil.,  
Spong., Sulph. or

Alum., Amm., Amm-mur., Ant-tart., Arg., Ars., Bar.,  
Bor., Cann., Carbo-an., Carbo-v., Cham., Chin., Con.,  
Croc., Dig., Dulc., Graph., Guaj., Ign., Magn., Natr.,  
Natr-mur., Nitr-ac., Nux-v., Op., Petr., Puls., Rhus,  
Stann., Staph., Thuja, Verat.

*Palpitation of the heart, in general.* Acon., Ambra., Ang.,  
Ars., Aur., Bell., Bov., Brom., Bry., Cal., Carbo-v., Cham.,  
Chin., Cocc., Colch., Croc., Cycl., Dig., Fer., Iod., Lyc.,  
Merc., Natr., Natr-mur., Nitr., Nitr-ac., Nux-m., Nux-v.,  
Phos., Phos-ac., Puls., Rhus, Sarsap., Secale, Seneg., Sep.,  
Spig., Staph., Sulph., Sulph-ac., Thuja, Veratr., Viol-od.,  
Viol-tr. or

Alum., Amm., Anac., Ant-tart., Apis, Arn., Asaf., Asar.,  
Bar., Bism., Bor., Cham., Cann., Canth., Carbo-an., Caust.,

Clem., Coff., Coloc., Con., Creos., Cupr., Dulc., Graph., Hell., Hep., Hyos., Ign., Ipec., Kali, Lach., Laur., Led., Magn., Magn-mur., Mang., Men., Merc-corr., Mezer., Mosch., Mur-ac., Oleand., Op., Par., Petr., Plat., Plumb., Ran-scel., Rhod., Ruta, Sabad., Sabin., Selen., Sil., Spong., Stront., Valer, Verb., Zinc.

*Palpitation of the heart, with anxiety.* Acon., Ars., Aur., Bry., Calc., Cham., Cocc., Croc., Cycl., Dig., Fer., Lyc., Natr., Natr-mur., Nitr-ac., Nux-v., Phos., Plat., Puls., Rhus, Secale, Sep., Spig., Sulph., Sulph-ac., Thuja, Verat., Viol-tr. or

Alum., Amm., Anac., Ang., Ant-tart., Arn., Asaf., Bell., Bor., Brom., Camph., Cann., Carbo-v., Caust., Chin., Coff., Colch., Coloc., Cupr., Graph., Hell., Hyos., Ign., Kali, Lach., Laur., Led., Magn., Men., Merc., Merc-corr., Mosch., Oleand., Op., Petr., Plumb., Ruta, Sarsap., Seneg., Sil., Spong., Staph., Valer., Viol-od., Zinc.

*Heart beat, intermitting.* Acon., Agar., Ang., Apis, Ars., Bism., Bry., Canth., Caps., Carbo-v., Chin., Dig., Hep., Hyos., Lach., Merc., Merc-corr., Mezer., Natr-mur., Op., Phos., Phos-ac., Plumb., Rhus, Sabin., Secale, Sep., Stram., Sulph., Zinc. or

Alum., Asaf., Aur., Kali, Laur., Men., Mur-ac., Nitr-ac., Nux-v., Samb., Thuja, Verat.

— *shaking.* Seneg.

— *fluttering.* Apis, Phos-ac. or

Natr-mur., Spig.

— *sensible (Felt).* Bar., Cycl., Lyc. or

Calc., Dulc., Mur-ac., Plumb., Rhod., Rhus, Sabin., Spig., Verat.

— *audible.* Ang., Bism., Cocc., Cupr., Iod., Sabad., Secale or Arn., Chin., Merc-corr., Plumb., Sep., Zinc.

— *visible.* Ant-tart., Spig., Sulph., Thuja or

Bov., Cocc., Dulc., Graph., Iod., Rhus, Secale., Verat.

*Heart beat, trembling.* Ant-tart., Ars., Calc., Cic., Cocc., Cupr., Merc., Plat., Rhus, Spig., Staph., Stram. or

Ambr., Ang., Aur., Bell., Camph., Cina, Colch., Con., Creos., Iod., Kali, Lach., Merc-corr., Natr-mur., Nux-m., Phos., Ruta, Sabin., Sep., Thuja, Verat.

*Pulse intermitting.* Acon., Agar., Ang., Apis, Ars., Bism., Bry., Canth., Caps., Carbo-v., Chin., Dig., Hipp., Hyos., Lach., Merc., Merc-corr., Mezer., Natr-mur., Op., Phos., Phos-ac., Plumb., Rhus, Sabin., Secale, Sep., Stram., Sulph., Zinc. or

Alum., Asaf., Aur., Kali, Laur., Men., Mur-ac., Nitr-ac., Nux-v., Samb., Thuja, Verat.

— — *1st to 2d beat.* Phos-ac.

— — *the 3d beat.* Mur-ac. or Natr-mur.

— — *the 4th beat.* Nitr-ac.

— — *the 4th or 5th beat.* Nux-v.

— — *from the 10th to the 30th beat.* Agar., Lach.

— *accelerated.* Vide *Quick.*

— *thread-like.* Acon., Apis, Iod., Verat. or

Colch., Merc-corr., Stram.

— *tense.* Amm., Bell., Bry., Cham., Dulc., Sabin., Valer. or  
Camph., Merc-corr., Mezer., Scill., Secale, Zinc.

— *large.* Bell., Con., Iod. or

Acon., Chin., Colch., Mosch., Op.

— *frequent.* Vide *Quick.*

— *hard.* Acon., Amm., Arn., Bar., Bell., Bry., Calad., Canth., Chel., Chin., Cina, Cocc., Colch., Coloc., Cupr., Dig., Dulc., Fer., Graph., Hep., Hyos., Ign., Iod., Kali, Mezer., Nitr., Nitr-ac., Nux-v., Phos., Plumb., Ranbulb., Scill., Seneg., Sil., Spong., Stram., Stront., Sulph., Verat. or

Apis, Ars., Camph., Clem., Con., Lach., Laur., Merc., Merc-corr., Op., Puls., Ran-scel., Secale, Zinc.



*Pulse audible (to patient).* Camph., Dig., Spig., Thuja or

Ant-tart., Con., Creos., Hell., Iod., Kali, Merc., Phos.,  
Plumb., Sep., Sulph.

— *jumping.* Calad.

— *small.* Acon., Apis, Ars., Asaf., Aur., Bell., Calc., Camph.,  
Cham., Chel., Chin., Cina, Cocc., Coloc., Con., Creos.,  
Cupr., Dule., Guaj., Hell., Ign., Lach., Laur., Merc.,  
Merc-corr., Nitr-ac., Nux-v., Phos., Phos-ac., Plat.,  
Plumb., Puls., Sabad., Samb., Scill., Sil., Stann., Staph.,  
Stram., Sulph-ac., Valer., Verat., Zinc. or

Agar., Amm., Ant-t., Arn., Bism., Bry., Cann., Canth.,  
Carbo-an., Carbo-v., Clem., Colch., Dig., Fer., Graph.,  
Hyos., Iod., Mosch., Nitr., Op., Ran-bulb., Ran-scel.,  
Rhod., Rhus, Secale, Spong., Sulph.

— *spasmodic.* Ang., Bism., Cocc., Cupr., Sabad., Secale or  
Arn., Chin., Iod., Merc-corr., Plumb., Sep., Zinc.

*Pulse slow.* Ant-c., Ant-tart., Arn., Bell., Camph., Cann.,  
Canth., Cic., Con., Cupr., Dig., Hell., Hyos., Ign., Kali,  
Laur., Magn., Men., Merc., Mur-ac., Natr-mur., Oleand.,  
Op., Par., Petr., Plumb., Puls., Rhod., Samb., Scill.,  
Secale, Sep., Sil., Spig., Stram., Verat., Vit., Zinc. or

Agar., Ars., Chin., Colch., Coloc., Dule., Fer., Hep.,  
Magn., Mosch., Nitr., Phos., Ran-bulb., Rhus, Thuja.

— *quick.* Acon., Agar., Alum., Ambr., Amm., Amm-mur.,  
Anac., Ang., Ant-tart., Apis, Arg., Arn., Ars., Asaf.,  
Asar., Aur., Bar., Bell., Bor., Bov., Brom., Bry., Calc.,  
Canth., Carbo-an., Carbo-v., Cham., Chel., Chin., Cina,  
Clem., Cocc., Coff., Colch., Coloc., Con., Croc., Cupr.,  
Fluor., Guaj., Hep., Hyos., Ign., Iod., Ipec., Kali, Lach.,  
Laur., Led., Lyc., Magn., Magn-mur., Mang., Mar., Men.,  
Merc., Mosch., Natr., Natr-mur., Nitr., Nitr-ac., Nux-m.,  
Nux-v., Oleand., Op., Petr., Phos., Phos-ac., Plumb.,  
Puls., Ran-bulb., Ran-scel., Rheum, Rhus, Ruta, Sarsap.,

Secale, Selen., Seneg., Spong., Stann., Staph., Stram., Sulph.,  
Sulph-ac., Thuja, Valer., Verat., Viol-tr., Zinc. or

Ant-c., Bism., Camph., Caust., Creos., Dig., Merc-corr.,  
Mezer., Par., Sabin., Samb., Sep., Sil.

*Pulse quick in the morning, in the daytime or evening slow.* Agar.,  
Ars., Kali or

Alum., Calc., Canth., Chin., Graph., Ign., Lyc., Mezer.,  
Nux-v., Phos.

— *afternoons quick, mornings slow.* Nitr. or

Thuja, Zinc.

— *evenings quick, mornings slow.* Kali, Lyc., Nitr., Oleand.,  
Ran-bulb., Sarsap., Spig., Thuja, Zinc. or

Ars., Arn., Asar., Carbo-an., Caust., Chin., Mar., Mezer.,  
Petr., Phos., Puls., Sep.

— *nights quick, daytime slow.* Bry., Sep., Sil. or

Amm., Bor., Calc., Carbo-an., Dulc., Hep., Magu.,  
Merc., Mur-ac., Natr., Natr-mur., Nitr., Phos., Ran-scel.,  
Sabin., Sulph.

— *weak.* Arn., Ars., Bar., Camph., Cann., Canth., Carbo-v.,  
Cham., Cic., Coloc., Creos., Cupr., Guaj., Hyos., Iod., Kali,  
Lach., Mang., Merc., Merc-corr., Mosch., Mur-ac., Natr-  
mur., Oleand., Op., Phos., Phos-ac., Plat., Puls., Rhod.,  
Rhus, Sulph-ac., Thuja, Valer., Verat., Vit. or

Acon., Agar., Ant-c., Ant-tart., Apis, Asaf., Bell., Bism.,  
Chin., Con., Laur., Nux-v., Plumb., Secale, Spig., Stram.

— *strong.* Acon., Ant-tart., Asar., Bell., Chin., Hyos., Lach.,  
Merc., Phos-ac., Sabin., Spig., Stram., Verat., Viol-od. or

Apis, Arn., Bism., Canth., Chel., Creos., Cupr., Dig.,  
Hell., Iod., Laur., Op., Petr., Ran-bulb., Stront., Valer.  
(Compare pulse full.)

— *imperceptible.* Acon., Ant-tart., Apis, Ars., Camph., Conn.,  
Canth., Carbo-v., Cic., Cocc., Cupr., Hell., Ipec., Laur.,  
Led., Merc., Nux-v., Puls., Rhus, Stram., Verat., Vit. or  
Arn., Con., Fer., Hyos., Lach., Mosch., Op., Secale, Sil.

*Pulse unequal.* Agar., Asaf., Canth., Carbo-v., Cham., Con., Ign., Kali, Lach., Laur., Mang., Nitr-ac., Oleand., Op., Phos., Plumb., Sabin., Samb., Seneg., Valer. or

Ant-c., Bell., Cupr., Dig., Sep., Sil., Stram., Verat., Zinc.

— *irregular.* Ang., Ant-c., Arn., Ars., Canth., Caps., Chin., Con., Dig., Laur., Mang., Merc., Natr-mur., Nitr-ac., Oleand., Op., Phos., Phos ac., Plumb., Rhus, Sil., Spig., Stram., Valer., Verat. or

Acon., Alum., Bry., Carbo-v., Hep., Hyos., Ign., Kali, Lach., Merc-corr., Samb., Secale, Seneg., Sep., Zinc.

— *suppressed.* Ars., Carbo-v., Con., Merc., Secale, Verat. or

Acon., Ant-tart., Creos., Iod., Merc-corr., Mosch., Op., Puls., Sil., Stram.

— *unchanged.* Coff., Cycl., Dros., Euphras., Rheum, Secale or Fluor., Ruta, Selen.

— *full.* Acon., Alum., Ant-tart., Apis, Arn., Asar., Bar., Bell., Bry., Calc., Canth., Chel., Chin., Colch., Coloc., Cupr., Dig., Fer., Graph., Hep., Hyos., Ign., Lach., Laur., Led., Merc., Mezer., Mosch., Natr-mur., Nitr., Nux-v., Oleand., Op., Par., Petr., Phos., Phos-ac., Plumb., Ran-bulb., Ran-scel., Sabin., Samb., Sep., Spig., Spong., Stann., Stront., Sulph., Thuja, Viol-od. or

Asaf., Aur., Bism., Camph., Con., Creos., Dulc., Hell., Iod., Kali, Mur-ac., Puls., Secale, Sil., Valer., Verat.

— *soft.* Bell., Chin., Cupr., Guaj., Mang., Ran-scel., Rhus, Seneg. or

Ant-tart., Carbo-v., Dulc., Iod., Kali, Lach., Laur., Mur-ac., Nitr., Plumb., Stram., Verat.

— *trembling.* Ant-tart., Ars., Calc., Cic., Cocc., Cupr., Merc., Plat., Rhus, Spig., Staph., Stram. or

Ambr., Ang., Aur., Bell., Camph., Cina, Colch., Con., Creos., Iod., Kali, Lach., Merc-corr., Natr-mur., Nux-m., Phos., Ruta, Sabin., Sep., Thuja, Verat.

— *jerking.* Arn. or Con., Natr-mur., Nux-v., Plumb.

*Pulse contracted.* Bism., Plumb., Secale or  
Acon., Arn., Asaf., Bor., Chin., Cupr., Lach., Laur.

#### TIME OF AGGRAVATION OF SYMPTOMS OF THE CIRCULATION.

*Morning.* Ars., Lyc., Nux-v., Sep. or  
Agar., Alum., Calc., Canth., Chin., Fer., Graph., Ign.,  
Kali, Mezer., Natr., Phos., Spig.

*Forenoon.* Natr., Sep. or  
Arg., Cann., Guaj., Kali, Natr-mur., Sabad., Sulph-ac.

*Afternoon.* Calc., Nitr., Phos., Zinc. or  
Alum., Fer., Plumb., Staph., Thuja.

*Evening.* Arg., Arn., Bell., Calc., Carbo-an., Caust., Chel.,  
Kali, Lyc., Mar., Mezer., Nitr., Nitr-ac., Puls., Sarsap.,  
Spig., Thuja, Zinc. or

Ang., Asar., Bov., Canth., Carbo-v., Chin., Fer., Graph.,  
Ign., Lach., Magn., Mang., Merc., Natr., Natr-mur.,  
Oleand., Petr., Phos., Ran-bulb., Rhus, Sabin., Samb.,  
Sep., Sulph.

*Night.* Ars., Bry., Dulc., Hep., Magn., Merc., Natr., Nitr-ac.,  
Phos., Ran-seel., Sep., Sil. or

Amm., Ant-tart., Arn., Bor., Calc., Carbo-an., Graph.,  
Ign., Lyc., Mur-ac., Natr-mur., Nitr., Sabin., Scill., Sulph.

#### CIRCUMSTANCES OF AGGRAVATION OF SYMPTOMS OF CIRCULATION.

*From relaxation of mind.* Bell., Chin., Petr. or  
Acon., Asar., Bism., Cic., Dig., Magn., Magn-mur.,  
Phos., Spong., Stann., Stram.

*After anger.* Acon., Cham., Petr., Sep. or  
Coloc., Ign., Natr-mur., Staph.

*During the paroxysm.* Bell. or Acon., Alum., Carbo-an., Carbo-  
v., Cupr., Kali, Lach., Nux-v., Sep., Sil., Thuja or  
Ambr., Bell., Calc., Fer., Merc., Nitr-ac., Phos., Phos-ac.,  
Sep.



*From bodily exertion.* Amm., Iod., Merc. or

Acon., Arn., Ars., Bry., Dig., Lyc., Natr-mur., Rhus,  
Sil., Sulph., Thuja.

*From rising up.* Acon., Bry., Verat. or

Ars., Bell., Natr-mur., Nux-v., Op., Phos., Rhus, Scill.,  
Sulph.

*From motion.* Ant-tart., Bell., Bry., Dig., Fluor., Graph., Iod.,  
Natr-mur., Nitr-ac., Petr., Phos., Sep., Staph., Thuja or

Acon., Amm-mur., Ant-c., Arn., Bar., Cann., Chin.,  
Colch., Fer., Lach., Led., Mezer., Nitr., Nux-v., Oleand.,  
Par., Samb., Scill., Sil., Spig., Stram., Sulph., Valer.

*While stooping.* Bry., Dig., Graph., Merc., Sep., Spig., Sulph-  
ac. or

Acon., Alum., Amm., Ang., Arg., Cann., Chin., Mang.,  
Merc-corr., Natr., Phos-ac., Ran-bulb., Scill., Seneg., Sil.,  
Valer.

*Before sleep.* Arn., Asar., Calc., Lyc., Magn., Natr-mur., Puls.,  
Rhus, Sabad., Sep., Sil. or

Agar., Amm., Ars., Bar., Bell., Bry., Carb-an., Carb-v.,  
Dulc., Graph., Ign., Lach., Magn-mur., Merc., Mur-ac.,  
Natr., Nux-v., Phos., Sabin., Samb., Sarsap., Sulph.,  
Thuja.

*While vomiting.* Verat. or

Ars., Cupr., Ipec., Mosch., Puls., Sulph.

*On waking.* Ars., Calc., Graph., Kali, Lyc., Natr., Natr-  
mur., Nux-v., Phos., Rhus, Sep., Sil., Staph., Sulph. or

Alum., Amm., Ambr., Arn., Bar., Bell., Bor., Camph.,  
Carbo-an., Carbo-v., Chin., Cina, Cocc., Ferr., Ign., Ipec.,  
Magn., Mosch., Nitr-ac., Petr., Phos-ac., Puls., Ran-scel.,  
Sabin., Sulph-ac., Thuja, Verat., Zinc.

*Before eating.* Chin., Kali, Natr. or

Calc., Con., Iod., Phos., Sep.

*While eating.* Kali, Spig. or

Amm., Carbo-an., Carbo-v., Ign., Nitr-ac., Sep.

*After eating.* Bry., Calc., Carbo-an., Carbo-v., Lyc., Natr., Nitr-ac., Nux-v., Phos., Puls., Selen. or

Acon., Alum., Ang., Asaf., Camph., Caust., Cham., Chin., Con., Hep., Ign., Kali, Mezer., Natr-mur., Par., Phos-ac., Ran-bulb., Sep., Sil., Sulph., Sulph-ac., Thuja, Viol-tr., Zinc.

*While walking.* Bry., Nitr-ac., Nux-v., Petr., Staph. or

Arn., Aur., Bell., Colch., Dig., Graph., Led., Merc., Merc-corr., Natr-mur., Phos., Samb., Scill., Selen., Spig.

— *in the open air.* Ambr., Lyc., Petr., Puls., Rhus, Sep. or

Agar., Anac., Ars., Cann., Carbo-v., Ferr., Hyos., Led., Men., Nux-v., Sabad., Sabin., Stann., Valer.

*From emotions.* Acon., Aur., Bell., Cham., Coloc., Cocc., Hyos., Ign., Lach., Nitr-ac., Nux-v., Petr., Phos., Phos-ac., Puls., Sep., Staph. or

Apis, Bry., Calc., Coff., Colch., Cupr., Kali, Lyc., Magn., Mar., Natr-mur., Op., Plat., Stram., Thuja, Verat.

*From coughing.* Acon., Arn., Ars., Bell., Calc., Ipec., Nux-v., Phos., Sep. or

Apis, Bry., Carbo-v., Chin., Natr-mur., Nitr-ac., Puls., Rhus, Sabad., Scill., Secale, Spong., Sulph.

*While lying down (in bed).* Arg., Calc., Hell., Kali, Lyc., Natr-mur., Nitr-ac., Puls., Rhus, Samb., Selen., Sep., Sulph., Viol-tr. or

Acon., Alum., Ambr., Ang., Ant-c., Ant-tart., Arn., Asaf., Asar., Aur., Bor., Bry., Cham., Chel., Coloc., Ferr., Graph., Ign., Iod., Led., Magn-mur., Mang., Men., Merc., Mosch., Nitr., Nux-v., Phos., Seneg., Spig., Stront., Valer., Verat., Vit.

*While lying on the back.* Ars., Nitr., Nux-v., Phos., Puls., Sep., Sil. or

Alum., Amm., Amm-mur., Caust., Cham., Chin., Coloc., Cupr., Ign., Iod., Plumb., Rhus, Spig.

*While lying on the left side.* Acon., Bar., Bry., Graph., Kali, Lye., Natr., Natr-mur., Phos., Puls., Sep., Stann. or

Amm., Anac., Ang., Calc., Canth., Carbo-an., Carbo-v., Chin., Ipec., Merc., Mezer., Sil., Sulph., Thuja.

— *on the right side.* Merc., Nux-v., Stann. or

Acon., Amm-mur., Anac., Bor., Carbo-an., Ipec., Lye., Magn-mur., Nitr., Puls., Seneg., Spig., Spong., Viol-tr.

*Before the catamenia.* Calc., Cupr., Kali, Lye., Puls., Spong. or

Alum., Amm., Bar., Cocc., Coloc., Con., Iod., Merc., Natr-mur., Phos-ac., Secale, Sep., Stann., Sulph., Verat.

*During the catamenia.* Ars., Ign., Sep., Sulph. or

Chin., Iod., Phos.

*From music.* Lye., Natr., Phos-ac., Sep., Staph., Thuja or

Acon., Calc., Dig., Nux-v., Viol-od.

*After lying down.* Ambr., Arg., Ars., Aur., Calc., Dulc., Hep., Kali, Lye., Phos., Plat., Puls., Rhus, Samb., Sep. or

Amm., Asaf., Bry., Caps., Carbo-v., Cham., Chel., Clem., Cycl., Ferr., Graph., Hell., Hyos., Magn., Magn-mur., Merc., Nux-v., Plumb. Sabad., Scill., Selen., Seneg., Spong., Stront., Sulph., Sulph-ac., Vit.

*In repose.* Calc., Euphorb., Kali, Magn-mur., Natr-mur., Phos., Rhus, Seneg., Sep., Spig. or

Apis, Arg., Arn., Aur., Bell., Caps., Cham., Chin., Coloc., Con., Cycl., Fer., Lye., Men., Mosch., Natr., Nitr., Par., Phos-ac., Puls., Ruta, Sabad., Samb., Stann., Sulph., Tar., Valer.

*In sleep.* Ars., Calc., Natr-mur., Op., Phos., Phos-ac., Rheum, Sabin., Samb., Sulph., Zinc. or

Acon., Bell., Camph., Cham., Chin., Hep., Hyos., Ign., Led., Merc., Puls., Sep., Sil., Stram., Viol-tr.

— — *afternoon.* Puls., Staph. or

Anac., Bry., Calc., Graph., Ign., Nux-v., Phos., Selen., Sulph.

THE  
HOMŒOPATHIC PHYSICIAN,  
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HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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EDITORIAL.

REFORMING THE MATERIA MEDICA.—It is so much more easy to pull down than to build up; it is so much more easy to point out the defects of a picture than it is to paint it; it is so much more easy to discredit a literary production than to create one that critics are much more numerous than artists. The critic pulls down; he is essentially a destroyer.

The unreasoning forces of nature—fire, flood, and storm—are destroyers. They devastate in an hour beauties of landscape that took ages for their growth.

The predatory animals of the wilderness are destroyers also. They exterminate in a few minutes other creatures that took years to attain their growth.

Thus the whole tendency of nature is toward destruction—the pulling down of what was slowly and maybe painfully built up.

Man, on the other hand, in the pride of his intellect and the triumph of his civilization, considers it his special mission to create, to discover, to invent—in a word, to build up. His creations attain perfection slowly and painfully, but, nevertheless, surely. Architectural grandeur developed from the tent. That triumphant annihilator of space, the locomotive engine, developed from incredibly crude conceptions.



The curious inquirer may learn the truth of these two statements, if he visit the great Chicago Fair, where, in the Anthropological Building, he will see the examples of the wondrous advances in architecture; or in the Transportation Building, where he will be able to trace the development of the present magnificent models of the locomotive engine from the first rude constructions.

Because these early attempts failed of the duty exacted from them, they were not, therefore, abandoned and the idea declared absurd. On the contrary, the defects were attentively studied and slowly, painfully, and, it may be, awkwardly, they were remedied one after another until success was assured.

We homœopathists appear to be different in this respect. We have had bequeathed to us by the old painstaking, faithful masters a *materia medica pura*. We find it imperfect and charged with errors—or what we, in our intellectual arrogance, conceive to be errors, inconsistencies, and absurdities. We wish to eliminate these errors and absurdities. How? By faithful trial and careful observation upon the sick? No! We would sift these errors with a rational sieve; or, we would pull down the entire structure and, setting the ruin behind us, abandon the whole principle and enter another and a Philistine temple, there to offer our devotions to their idols. Thus we identify ourselves in our mode of thought with the blind forces of nature whose principal work is to destroy. There is no high order of intellectuality in such a proceeding. There is no element of progress in it. There can be nothing gained by it. It is not the method followed by other scientific laborers in other fields. *They* do not throw away all the fabric they have created. *They* do not destroy the steps by which they hoped to ascend. Then we must be wrong.

If we throw away what we have, what shall we do for a substitute? We have no resource, and must betake ourselves into the allopathic school, and that is a confession that Homœopathy is a delusion.

There are a few who will not follow us. Withdrawing to a camp by themselves, they hold their *materia medica* with a care-

ful and a greedy clasp, and, turning their backs upon our beckonings, they eagerly scan the symptomatology for the simillimum which their benighted minds tell them will, if found, surely enable them to heal the sick.

It is they who will not abandon the keynote—the sweating during the sleep of *Calcareo* and *Silicea*; the flushes of heat of *Sulphur*; the sensitiveness of the neck to the light pressure of the collar of *Lachesis*, and the hundreds of like indications with which they crowd their minds to the exclusion of the germ theory, and all the details of modern pathology.

They report their triumphs in the journals. But as they are not developed along the lines of modern scientific pathology, we despise them and ignore them.

It is this handful of men who will not suffer the temple of *materia medica* to be torn down, but are holding it intact for the appreciation and use of a later and, perhaps, a wiser generation.

## POTENTIATION PHYSIOLOGICALLY PROVEN.

PROF. DR. GUSTAV JAEGER, STUTTGART, GERMANY.

[Translated by B. Fincke, M. D. Continued from page 458.]

### V. FURTHER PHYSIOLOGICAL FACTS.

I do not want once more to tire the reader with extensive statistics, but give only briefly my later experiences in this direction. In doing so I must take my two series of measurements separately, but with the preliminary remark that I have paid no attention to the appearance of *single* zero-acts, for that would have been a special exertion of attentiveness and continual interruption of the measuring process which would have jeopardized the exactness of the measurement very much. The following, therefore, relates only to the appearance of the twitchings and the great-zero and-one :

1. The duration measurements of the swallowed potencies of *Kali carbonicum*. There are two points to be mentioned :

(a.) I have already, in their former description, mentioned

the appearance of cramps, and in Table I, as well as in its discussion, considered the matter, inasmuch as there I spoke of *cramp-numbers*, and said that these are especially marked in *bold type* on Table I. We can now easily read from this table at what time and where these cramps have taken place, and from this we see: for the first time cramp-numbers appear in the 13th potency, namely, 2, the 15th potency has only 1, the 17th 5, the 19th 6, the 21st 4, the 23d 7, the 25th 5, the 27th 6, the 30th 121, the 50th 11, the 100th 14, the 1,000th 11. Therefore, also, here the same phenomena as with the numbers generally, increase of the phenomena from potency to potency, but not in a regular gradation, to which is still to be added that, as said before, the intensity of the cramps increased with the height of the potency. (b) The maximal actions marked by the *great one* and the *great zero* belong only to the highest of the measured potencies, and again in this way: the *great one* appears only in the 30th and 50th potency, twice each time; both *great one* and *great zero* occur only at the 100th and 1,000th potency; at the 100th potency, six times *one*, twice *zero*; at the 1,000th potency, eight times *one* and twice *zero*.

2. Second series of measurements, which I instituted with the different Alkali-salts, where again two points are to be considered: (a) Twitchings. These were absent at the 14th potency, only at the 16th they appear at two salts (Kali iod. and Natr. carb.). To this come, at the 17th potency, Brom-natrium; at the 18th, Natr. mur. and sulph.; at the 29th, Brom-kalium and Kali phosph.; at the 21st, Natr-phosph. and Ammon-carb.; at the 22d, Natr. nitr.; at the 23d, Ammon. phosph. and Kali carb. Only one salt, *Brom-ammonium*, is at normal also in this point, even at the 30th potency there are no twitchings. If, now, a reader finds a contradiction in that I had twitchings from the twice proved Kali carbonicum, the first time at the 13th potency, the second time at the 23d, I must intimate that the numbers of the second series of investigation (inhalation) properly correspond only with the first numbers of Table I of the experiments by deglutition, with a limitation which I pointed out previously. Now, the reader will see that on Table



I no sooner than at the 19th potency the *first* number of the series is a cramp-number. Now, indeed, there remains a difference of 4 potencies. But it must be remarked that the 22d potency had not been measured; if there had been already cramps, there would remain only a difference of 3 potencies. Two points may be urged for this. *First*, there is a great difference whether a substance is *inhaled* or *swallowed*, a theme which, as I have promised before, I shall treat under production of new neuro-analytical material of another kind in a special section, and then I shall discuss extensively the differences of the two series of Kali carb. *Second*, the difference of the object and of the time about which I also spoke before. (b.) The maximal actions marked by the *great zero* and the *great one* appeared from none of the salts before the 30th potency, and here also only from 4 of them—from Ammon-mur. great one, from Ammon-carb. great zero, from Natr. phosph. and Kali phosph. even two *great zeros*. The question, “Why not also from Kali carb., from which at first the maximal actions appeared at the 30th potency?” is answered by their appearance at the close of the fourth minute of this duration-measurement, therefore could impossibly appear at the second measurement marked by the initial action. In the 1,000th potency the maximal action was absent, besides at the spoken-of Brom-ammonium, Natr. nitr., Natr. phosph., Natr. bromatum, Kali phosph., Brom-kalium, Ammon. mur. and phosph., and hence also only present at six salts.

To this communication of facts which appeared at the Neural Analyses two things have to be added :

1. The described co-motions are a known occurrence of practical life, and I want to emphasize only one of them which must be known to every one who was a soldier or otherwise has handled a gun : the so-called “*Mucken*,” fidgeting on shooting. On discharging the gun, no other motion should be made than a slight pull with the finger, but involuntarily other muscles pull at the same time, especially those of the eyes and the head. In the more favorable case the gun is discharged—indeed mostly without hitting the mark, but when the phenomenon is devel-



oped stronger, the gun is not discharged at all, the pull of the finger was too weak to start the trigger: *this exactly corresponds to the zero-act of Neural Analysis*: also in this case one shall and will make a finger-pull for the discharge of the hand, but it will not start and usually other muscles pull at the same time—both these phenomena have also in common: (a) not all recruits fail in this way at the instruction of shooting, but only the more sensibly anxious ones; (b) everybody knows that the phenomenon is a consequence or sign of a present *nervous excitement*. In Neural Analysis we are taught in the clearest manner by those acts which do *not* fail, but produce a jump of the hand, therefore give a number. *In a decade where zero-acts occur, the numbers are smaller*, and also the mean out of the successful acts is smaller than in a decade, which shows no failures, and small numbers are incontestable symptoms of excitement, exactly as in daily life the excitement reveals itself by more rapid speaking, rapid motions of the body, more rapid breathing and pulse. Here I once more mention the co-motions in practical life. In what other manner than by increase of the velocity of motion shows itself the excitement in man and animal? In nothing else than that with the voluntary, intended motions, involuntary unintended ones of other parts of the body associate themselves—*e. g.*, when speaking, vivid play of the features, motions of the hands and arms and finally of the whole body.

2. The *starting* and *finally* the spasms which in consequence of highly attenuated substances appear with me and certainly sooner or later, stronger or weaker with all more sensible men do not lead to presuppose that one is to have a chronoscope in hand, and to let finger-pulls act upon it, but every object serves the same purpose: a gun, the trigger of which is pulled, a match-box, a cigar-box, or whatsoever is used in the same way—*e. g.*, with some corks, knitting-needles, and a long shawl-needle with large head so arranged on a drinking-glass that after a successful pull the head of the needle strikes the glass. I have manufactured an instrument which everybody can make, by means of which the same phenomena

can be observed: under the influence of high potencies finger-pulls occur after which the head of the needle does strike the glass. But the most simple experiment is this: Take a firearm and watch yourself either in a looking-glass or without it. Or a torpid individual can do this also. A more sensitive person—and such are most persons of the female sex—is making the experiment, and you observe whether or not the high potencies produce the described phenomenon of “mucken.” But here, in order to avoid a misunderstanding, must be accentuated that, if *no pull is exerted*, the phenomenon does not take place. If the sensibility is sufficiently developed—as *e. g.*, with me under the influence of high potencies—twitchings can also appear without any voluntary motion; but as a rule such a one is necessary for the production of the co-motions or cramps, and these then follow exactly according to the irradiation of the reflexes. This preceding fact offers to everybody who wants to convince himself—*i. e.*, on his own body—of the exciting action of the high potencies, the possibility of doing this also when he has no apparatus; and I think that it is not unfair if I express the expectation that, if one wants to judge about the matter, he at least must prove it in this wise before. Furthermore, I remark in the interest of the after-proving: Hipp’s chronoscopes are to be found in every physiological and in every superior physical laboratorium. With this the zero-acts can be studied much easier than with my pocket-chronoscope, for one sees and hears quite well that the hand is drawn from its anchor, but not intercalated in the gearing. Now, the men of “imagination,” or, in modern language, of “suggestion,” can convince themselves that neither *arbitrariness* nor *imagination*, but only *excitement*, is capable of producing such zero-acts; furthermore, that, when excitement is present, neither imagination nor arbitrariness are able to hinder the appearance of zero-acts. This especially annihilates the hypothesis of imagination or suggestion that, in a condition in which at all zero-acts occur, the will and imagination have no power over them. They are there when we do not want them; they are absent when we want them. Finally, everybody will, with such a chronoscope, soon

convince himself whether, under the influence of high potencies, the zero-acts increase or not.

I conclude this section with a very important remark : A man who *acts* upon an irritation of physical or spiritual nature *exercises* his reflex and will-organs, and lessens their conductive resistances (*Leitungswiderstände*), and now reacts fine and always finer and stronger. This is the state in which I placed myself. The *skeptic*, however, who deems himself wise not to react upon irritations, not only dulls his acting organs, by want of use, to impotence, but he increases also besides the forces of the *checking-centres* for reflexes and will-acts, and with it falls into complete impotence. A principal skeptic must be ignored principally; he is a *can-nothing*.

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## PROVINGS AND CLINICAL OBSERVATIONS WITH HIGH POTENCIES.

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### SASSAFRAS<sup>5C</sup>.

Severe strangury, urine looks as if it had portions of mucus and blood mixed with it.

### STRAMONIUM<sup>CM</sup>.

Urine the *consistence of oil*; scanty; *very brown* color, like old ale, thick from mucus and excess of phosphates.

### SULPHUR<sup>CM</sup>.

His urine soon became turbid, like yeast.

Unable to pass urine. Compelled to use a catheter.

### STRONTIA<sup>5C</sup>.

Great strangury. Frequent and profuse urination.

### TEREBINTH.<sup>17M</sup>.

Caused urination every ten minutes, symptom lasting several hours.

Often cured gonorrhœa with it.

Trouble to get his urine to flow for five minutes ; one prover fourth day after taking medicine.

Cured a girl, aged five, who since birth had but little control over the functions of urine or bowels.

THERIDION.<sup>5C</sup>.

Water scanty, high-colored, constipation.

After going to bed has to get up four or five times to pass water ; does not secrete much in daytime.

UVA-URSA<sup>10M</sup>.

Cutting sensation on urination—burning soreness over the whole body, as if bruised.

VALERIAN<sup>CM</sup>.

Increased his flow of urine to twice its usual quantity.

ZINC-SULPH.<sup>5C</sup>.

Compelled to get up two or three times in the night to urinate.

GENITALS.

AGARIC.<sup>2M</sup>.

Cramps, as if she was going to have a child ; violent bearing-down pain. When she trod on the floor she could cry out, it hurt her so in the right ovarian region.

Eruption on genitals like little hard pimples.

ARUM-TRI.<sup>16M</sup>.

Caused smarting at end of penis.

COPAIBA<sup>CM</sup>.

Given in water every two hours produced symptoms of strangury, like gonorrhœa.

KALI-HYD.<sup>CM</sup>.

Cured scabby, itching eruption in labia of a young girl.

Often verified this symptom in curing itching of genitals in women.



## MEN.

## CINNABAR.

Spots on the glans penis like herpes.

CARB-VEG.<sup>76M</sup>.

Produced watery discharge from urethra.

CADMIUM<sup>5C</sup>.

Sulphate of Cadmium and other preparations of it remarkably efficacious in checking the too frequent nightly seminal emissions of young men ; often verified.

CLEMATIS<sup>5C</sup>.

Has cured many cases of swelled testicle of long standing, often attending with great pain and faintness.

DIGITALIS<sup>CM</sup>.

Produced severe urethritis, phymosis, and strangury.

Symptoms appeared on fourth day in a case of hydrothorax. Medicine given every half-hour.

Have cured very many cases of gonorrhœa with this remedy.

GETTYSBURG-SALTS<sup>45M</sup>.

*Emissions.* Blood with them.

MER-CORR.<sup>5C</sup>.

Left testicle swollen.

PHYSOSTIGMA<sup>CM</sup>.

Calabar bean produced swelling of testicle (lacks confirmation).

SULPHUR<sup>CM</sup>.

Given every two hours for a week, caused three or four seminal emissions daily.

## WOMEN.

AGARIC.<sup>2M</sup>.

Cured completely a bearing-down sensation. I had been treating her for one and a half years without effect. The pain came on again (when without medicine), but eventually cured.

Cured a chronic bearing-down pain lasting years; verified often; soreness in abdomen over the ovaries.

A most reliable remedy in ovarian soreness, left side being mostly affected.

ARUM-TRI.<sup>16M</sup>.

Her menses, which had been absent two months, returned. Pain in left mammæ as if bruised.

BURSA-PAST.<sup>9M</sup>.

The girl had menstruated the week before scantily; it came on again very profusely; she had previously had amenorrhœa.

Useful in menstrual irregularities of young women.

CAUST.<sup>5C</sup>.

Thick yellow discharge from vagina.

CIMICIFUGA-RAC.<sup>95M</sup>.

Menses usually very regular, delayed three weeks.

In a pregnant woman relieved pain in abdomen and uterus, with severe bearing-down sensation; sympathetic pain around the heart.

Cure was rapid and complete—verified many times.

BELLADONNA<sup>CM</sup>.

Has acted in a miraculous manner in curing hard swelling of the glans; principally in breasts of women, existing in one case six years, in the other one. Useful in glandular enlargements of the neck.

ERIGERON<sup>45M</sup>.

Checked uterine hemorrhages, amenorrhœa when Ferrum<sup>CM</sup>. did no good. Turpentine acted as well as Erigeron in three cases.

HELLEBORE<sup>CM</sup>.

Cured several cases of amenorrhœa in young girls.

JASPER<sup>15C</sup>.

Leucorrhœa of mild, persistent type.

KALI-CARB.<sup>24M</sup>.

Rectified insufficient labor pains with violent pain in *the small of the back*.

MYRRH<sup>5C</sup>.

Cured indescribably severe uterine pains of a transient nature.

NITRUM<sup>5C</sup>.

Cured cramp-like pains during menstruation, had for years this peculiar pain during menses. Was completely cured.

OXALIS<sup>1M</sup>.

Dragging sensation from hip to groin in ovarian region, feels as if everything would be pressed out, urinates frequently; pain from her kidney to her hip causes her to be so bent she could scarcely straighten up.

PHOSPHORUS<sup>2C</sup>.

Cured a distressed sensation in left ovary, soreness to touch. Prover a consumptive—symptom not prominent.

POLYGONUM<sup>42M</sup>.

Menses returned, but were scanty and very dark. Case under treatment for amenorrhœa.

SEPIA<sup>45M</sup>.

Brought back the menses at once in a young woman who had amenorrhœa six months, another case eight months, both pale, weak, thin, sickly. Verified in many other cases.

*Sepia* is the best and most active general remedy for prolapsus uteri, backache, ovarian pain, and leucorrhœa in elderly women.

Cured a woman, æt. fifty, with pains in left groin, severe backache, bearing-down sensation, uterus often making its appearance outside. Urination difficult and painful. Troubled twenty years. Complete relief.

SENEGA<sup>5C</sup>.

Menses came on too soon.

SILICEA<sup>CM</sup>.

Helps greatly, dragging sensation in lower abdomen occurring with women. Relieved pain in left ovary.

SYMPHYTUM<sup>15C</sup>.

Menses cease for a month when proving.

STRONTIA-CARB.<sup>3M</sup>.

Show of menses all the time since last period.

TEREBINTH<sup>17M</sup>.

Cured a woman, æt. forty, an invalid for many years, with a violent burning sensation in the uterus, bearing-down pain. Caused a feeling of great heat over the body, now craves liquids.

Cured a remarkable case of hemorrhage from uterus, woman æt. fifty, bleeding for two years every day; checked in one week; causes in provers watery-like discharges from the uterus.

VERBASCUM<sup>45M</sup>.

Menses come on earlier than usual.

CHILDREN.

APIS<sup>CM</sup>.

Helped children teething in summer, particularly with symptoms of cerebral congestion; loose bowels; no vomiting. Repeated verifications of this. Not so generally useful as Creosote.



BELLAD.<sup>101M</sup>.

Has nearly always promptly helped children with hip-joint disease, as to the acute pain and otherwise.

CAMPHOR<sup>CM</sup>.

Promptly cured many times the watery diarrhœa of children, often attended with colic and vomiting.

CALC-CARB.<sup>97M</sup>.

Cured a child aged one and a half years, wasted with bronchitis; no diarrhœa, no vomiting; where Tar., Lyc., Sulph. did no good.

CINA<sup>12C</sup>.

Caused violent frontal headache, nervousness, twitching, fever, and sweat.

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## REPERTORY OF THE SYMPTOMS OF THE OVARIES.

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Abscess of ovaries (compare Suppuration). Crot-h., *Hep.*, *Lach.* (*l*), Merc., PLAT., Psor., Sil.

Aching in ovaries. Lill-t., Medorr. (*l*), Onos., Ovi-gall-p. (*r*).

— — region of ovaries. *Lact-ac.* (*r*), Pic-ac. (*l*), Pod. (*l*), Syph. (*l*).

Acute pain in ovaries. See Sharp.

Alternating pain, between eye and ovary. Sulph.

— — in, and headache. Ovi-gall-p. (*l*).

Anæmia of. FERR., Graph.

Atony of. Alet., *Eupat-purp.*, (Helon.), Puls.

Atrophy of. Bar-m., CON., Helon., IOD., Plb.

Ball, ovary feels like a heavy ball. Carb-an. (*r*).

Bearing down in ovaries. Apis, Lill-t. (*l*).

— — region of ovaries. Apis, (*r*), *Canth.*, Ham., Lac-def., *Lach.* (*l*), Mag-m.

Bearing down pain in left ovary extending up back and down left thigh. *Arg-m.*

Beating, sensation as if uterus were beating against right ovary. *Angust. (r).*

Boring in ovaries. *Brom. (l), Coloc., Lach., Lyc., Sumbul. (l), Thuja (l), ZINC (l).*

Bruised sensation in ovaries. *APIS (r), Arg-m. (l), Therid.*

Bubbling in ovaries. *Medorr. (r).*

Burning in ovaries. *Abrot. (l), Ananth-m., APIS, ARS. (r), Bufo., Canth., (Con.), EUPION (l), Goss. (l), LACH. (l), Lill-t., Lyc., PLAT., SEP., Thu. (l), Ustl., Zinc (l).*

— — region of ovaries. *Ars., Bell. (worse r), Canth., Carb-an., Coloc. (r), Kali-iod. (worse r), Kali-n. (r), Lac-can., Lill-t. (r), Medorr. (l), Nat-m., Plat., Zinc.*

— — paroxysms in ovaries. *PLAT.*

— heat in. *Medorr. (l).*

Burst, sensation as if ovaries would. *Graph. (r), Med. (l).*

Cancer of ovaries. *Ars., Graph., Kreos., Lapis-alb., Psor.*

Coldness, sensation of, in ovaries. *FERR-IOD. (l).*

Colic in ovaries. *Apis (r), LACH. (l), Coloc.*

Conjestion of ovaries. *Acon., Alet., APIS, Bell., Coni., Ham., Hep., Iod., Kali-iod. (r), Lac-can. (r), Lach., Lill-t., Magnol. (l), Melil., Naj., Plat., Polygon., Puls., Rhus, Sabin., Sec-c. (r), SEP., Staph., Sulph., SYPHIL., Thuj., Zinc.*

Constriction in ovaries (compare Grasping). *Cact.*

Constrictive pain in region of ovaries. *Puls. (r).*

Corkscrew pains. See Boring.

Cramping in region of ovaries. (Compare Colic, Constriction, etc.). *Bufo, Coccl., Coloc. (l), Cub. (r).*

Cramps in ovaries. *COLOC., Naja. (l).*

Crawling in ovaries. *Hep.*

Cutting in ovaries. *APIS, ATROP. (l), Bell. (r), Canth., Collins (r), COLOC., CON., Cub., Graph. (l), Ham., Lill-t., Naja, Onos., Sabad., Stram., Syph. (l).*

— — region of ovaries. *Apis (l), Arg-n. (r), Ars., Arum-tri. (l), Bor., Bry., Canth., Coccl., Collin., Eupat-purp. (l), Lyc., Medorr., Nat-m., Phos. (l), Puls. (l), THUJA, Xanth. (r).*

Cyst of ovaries. *Apis*, *Bov.*, *Canth.*, *Coloc.*, *Iod.*, *Kali-brom.*, *Prun-sp.*, *PLAT.*, *Rhod.* (*r*), *Rhus-t.*, *Thuja*.

Darting in ovaries. *Absinth.* (*r*), *MAG-PHOS.* (*r*), *Sep.* (*r*).

— pain in region of ovaries. *Abrotan.* (*l*), *Bell.*, *Lach.* (*l*), *Lill-t.*, *Phos.*, *Syph.*, *Thuja*.

Debility in ovaries. *Chenop-v.*

Dislocated, pain in ovaries as if. *Apis*.

Distention (compare Enlargement, etc.). *Aur-mur-nat.*

— sensation of in ovaries. *Curar.*, *Medorr.* (*l*).

Distressing pain. *Thuj.* (*l*), *Ustl.*

Dragging in ovaries. *BRY.* (*r*), *Lill-t.* (*r*).

— — region of ovaries. *Lac-def.* (*l*), *Plat.* (*l*), *Pod.*

Drawing, painful in ovaries. *Atrop.* (*l*), *Bell.* (*r*), *Coloc.* (*l*), *Lill-t.* (*l*), *PLAT.*, *Pod.* (*r*).

— in region of ovaries. *Apis* (*r*), *ARS.* (*r*), *Chin.*, *Goss.*, *Lach.* (*r*).

— — — — — toward uterus. *Goss.*

— downward and forward. *Pallad.* (*r*).

Dropsy of ovaries. *APIS*, *Arn.*, *Ars.*, *Aur-mur-nat.*, *Bell.*, *Bry.*, *Calc-c.*, *Carb-an.*, *Chin.*, *Coloc.*, *Con.*, *Ferr-iod.* (*r*), *Graph.*, *Iod.*, *Kali-bro.*, *Kali-c.*, *Kreos.*, *Lach.*, *LILL-T.*, *LYC.*, *Merc.*, *Nat-s.*, *Phos.*, *Plat.*, *Pod.*, *Prun-sp.*, *Rhod.*, *Rhus-t.*, *Sabin.*, *Tereb.*, *Zinc.*

Dull pains in ovaries. *Amm-bro.* (*l*), *Brom.*, *Con.*, *Iod.*, *Lill-t.* (*l*), *Sep.*

— — — region of. *Apis* (*r*), *BROM.* (*l*), *Ferr-phos.*, *Hydrocot.*, *KREOS.*

Enlarged sensation of. *Arg-m.* (*l*), *Arg-nit.* (*r*), *Medorr.* (*l*).

Enlargement of. (Compare Swollen, Distention, etc.). *APIS* (*r*), *Aur-mur-nat.*, *BELL.* (*r*), *CON.*, *Graph.* (*l*), *Iod.*, *Hep.*, *Kali-bro.*, *Lac-can* (*l*), *Lach.* (*r*), *Lill-t.* (*l*), *Melil.* (*l*), *Spong.*, *Ustl.* (*l*).

Fluttering in. *Brachy.* (*r*).

Fullness in. *Syphil.*

Gnawing in. *Coloc.* (*l*), *Lill-t.* (*r*).

Grasping in. *Lill-t.* (*l*).

Grinding in. *Graph.* (*r*), *Fluor-ac.* (*r*).

Gripping (compare Colic). *Curar.* (*r*), *Lill-t.*

Hardness of (compare Induration). *Amyl-n.*, *APIS* (r), *Brom.* (l), *Graph.* (l), *Lach.* (l), *Ustl.* (l).

Heat in (compare Burning). *Bufo.*, *Medorr.* (l).

— — region of. *Lac-can.*

Heaviness of (compare Weight). *APIS* (l), *Carb-an.* (r), *Eupat-purp.* (l), *Helon.*, *Kali-c.*, *Lill-t.* (l), *Melil.*, *Onosmod.*, *Sep.*

Heavy pains from ovarian region to shoulder-blade with gastralgia (after menses). *Borax.*

Hernia of. *Coccl.*, *Con.*, *Mag-m.*, *Nux-v.*, *Sil.*, *Sulph.*

Hydatids of. *Bufo.*, *Canth.*, *Merc.*

Hypertrophy of (compare Swollen, etc.). *Carb-an.*, *Iod.*, *Lactuca.*

Induration of (compare Hardness, etc.). *Amm-bro.* (l), *APIS*, *Aur-mur-nat.*, *Ars.*, *Bar-m.*, *Bar-iod.*, *Bell.*, *Brom.*, *Carb-an.* (r), *Con.*, *GRAPH.* (l), *IOD.*, *LACH.* (l), *Pallad.* (r), *Plat.*, *Psor.* (l), *Sep.*, *Spong.*

Inflammation of. *Acon.*, *Æscul.* (r), *Amm-bro.*, *Ambr.*, *Ant-cr.*, *Apis* (r), *Arg-m.*, *Arn.*, *Ars.*, *Aur.*, *BELL.* (r), *Brom.*, *Bry.*, *Cact.*, *Canth.*, *Caps.* (l), *Chin.*, *Cimic.*, *Coloc.*, *Con.*, *Crot-hor.*, *Cub.*, *Dule.*, *Euphorb.*, *Graph.* (l), *Guai.*, *Ham.*, *Igt.*, *Iod.* (r), *Lac-can.*, *Lach.* (l), *Lill-t.*, *LYC.* (r), *Mag-phos.*, *Merc.*, *Nit-ac.*, *Nux-v.*, *Pallad.* (r), *Plat.*, *Phos-ac.*, *PHOS.*, *Phyt.*, *POD.* (r), *Puls.*, *Rhus-t.*, *Sabad.*, *SABIN.*, *Staph.*, *Syph.*, *Thuja* (l), *Ustl.*, *Verat-v.*, *Znc.* (l).

Insupportable pain. *Alumina* (l).

Intermittent pains. *Ustl.* (l).

Irritation of. *Amm-bro.*, *Apis*, *Bry.* (r), *Carb-ac.* (l), *Cimic.*, *Gels.*, *Ham.*, *Kali-bro.*, *Lill-t.*, *Nux-v.*, *Phyt.*, *Plat.*, *Rhus-t.* (r), *Thuj.*, *USTL.*, *VIBUR.*

Itching in region of. *Prun-sp.*

Jerking in and above. *Eupat-purp.* (l).

Lancinating. See Cutting.

Left ovary. *Abrot.*, *Æscul.*, *Alumin.*, *Amm-br.*, *Apis*, *Arg-m.*, *Arg-nit.*, *Artem.*, *Arum-tri.*, *Atrop.*, *BROM.*, *Caps.*, *Carb-ac.*, *Cenchris*, *Cham.*, *Cimic.*, *COLOC.*, *Cup-ars.*, *Eupat-purp.*, *Eupion*, *Ferr.*, *Ferr-iod.*, *Ferr-phos.*, *Goss.*, *GRAPH.*



Ham., Hydrast., Iod., Kali-bro., Lac-can., Lac-def., *LACH.*, *LILL-T.*, Lyc., Lyssin., Magnol., MEDORR., Melil., Merc., Murex., Naj., Onosmod., Ovi-gal-p., Pic-ac., Phos., PLAT., Pod., Psor., Puls., Sep., Stann., Sumbul., SYPHIL., Therid., THUJ., *USTL.*, *Vesp.*, Wyeth., Xan., Znc., *Zizia.*

Lump in region of. Apis (*l*); (compare Enlargement, Swelling, etc.).

Movement in. Apis.

Needles as of in. Coloc.

Neuralgia of. *Amm-br.* (*l*), *Amm-m.*, Apis (*r*), ATROP., Bell. (*r*), Cham., Cimic. (*l*), Coccl., Collin., COLOC., *Crot-hor.*, Gels., *Ham.*, *Igt.*, KALI-BRO., Kali-phos., Lac-can., *LACH* (*l*), *Lill-t.* (*l*), Lyc., *MAG-PHOS.* (*r*), *Naj.* (*l*), Pallad. (*r*), Phyt., Plat., Puls., *Ran-b.*, Sac-lac., Stann., Staph., Tarent., Therid., Urtica., Ustl. (*l*), Xanth. (*l*), Znc. (*l*), Znc-val., *Ziz.* (*l*).

— in region of. Medorr.

Numbness in region of. Apis (*r*), *Pod.* (*l*).

Obliterated almost. Carbon-sul.

Oppressive pain in. *Lill-t.* (*r*), Melil.

Pain in (undefined). Acon., Æscul. (*l*), Apis (*r*), *Arg-m.* (*l*), *Arg-nit.*, Ars., Atrop., Aur., BELL. (*r*), Brom. (*l*), Bry. (*r*), Cact., Calc. (*r*), Canth., Cenchris., Cimic., Collin., Coloc. (*l*), Con., Cop., Gels., Graph. (*r*), Guai., *Ham.*, *Helon.*, Iod. (*r*), *Kali-bro.* (*l*), Kali-phos., Lac-can., *LACH.* (*l*), *Lill-t.* (*l*), Medorr. (*l*), *Naja.*, Onosmod., *Ov-gall-p.* (*l*), Pallad. (*r*), Phos. (*l*), Plat. (*l*), *Pod.* (*r*), Rhod., Rhus-t., Sabad., Sarsap., Sec-c., Sep. (*l*), Staph., Sulph., Syphil. (*r*), Therid. (*l*), Thuj. (*l*), *USTL.* (*l*), *Vesp.* (*l*), Vibur., Wyeth (*l*), XAN., Zinc (*l*).

— — in region of. Carb-ac. (*l*), Hell. (*r*), Hydrocot., Lyssin (*l*), Nat-m. (*r*), Vibur., Znc.

— — — — insupportable. Alumin. (*l*).

— direction of.

Extending across lower part of ABDOMEN from region of. Cimic., Lac-can. (*l*), *Lill-t.* (*l*).

Extending up to ABDOMEN from left ovary. Ham, *Lill-t.*

— through ABDOMEN, hips, and back. Con.

— through small of BACK from left ovary. ÆSCUL., Plat. (*l*).

- Extending to *Back*. Abrotan., Sulph., Xanth. (r),  
 — to CHEST from ovary. Lach. (r).  
 — — left CHEST from ovary. Apis (r).  
 — — CRURAL region and thighs from ovary. Staph.  
 — — — nerve (anterior). XAN.  
 — — — — (descending). Pod. (r).  
 — diagonally. Apis (r), Medorr. (r).  
 — downward. Medorr.  
 — — and forward from left ovary. Arg-m. (l).  
 — to GENITAL organs from ovary. Lach. (r).  
 — — GROIN, left. Medorr. (l).  
 — — — BUFO, Cub., Lill-t., Ustl.  
 — — — and hypogastrium. Xanth.  
 — — — or left leg. Lill-t., Ustl.  
 — — — thigh and leg. Ovi-gall-p. (l).  
 — through GROIN toward sacrum. Plat.  
 — to HIPS. Apis (r), Brom. (l), Merc., Xanth. (r).  
 — down HIPS. Ustil. (l).  
 — to *Hips* and thighs. Lill-t.  
 — over HIPS and down thigh. Xanth. (r).  
 — — right *hypocondrium* from. Lill-t. (r), (Lach. (r)).  
 — — *iliac* region and groin and sometimes into left leg.

*Thuja* (l).

- — knee (shooting) from. Wyeth. (l).  
 — — leg (left). Apis, Cham., Lill-t., Phos., Thuja, Ustl.  
 — — — (right). Apis.  
 — — — (shooting down). Ustl. (l). [Ustl.  
 — from *left* to *right*. Apis, Lac-can., LACH., Lill-t., Syphil.,  
 — to liver from. Lach. (r), (Lill-t. (r)).  
 — down *limbs*. Ferr-iod. (l), Gossip (l).  
 — to *loins*. Staph.  
 — — — and groins. Cub.  
 — from *one* to the *other*. ONOSMOD.  
 — outward and backward from. Sep.  
 — to ovaries from back of each hip. Sep.  
 — to ovary from left labium, through uterus. Bell., Phos.,

*Thuja*.

Extending to ovary from left leg. Lac-can. (l).

— — — — umbilicus. Coloc., Hydrast. (l).

— pubes, across from. Lill-t. (l).

— ribs. Apis (r).

— right to left. Graph., Lyc., Xanth.

— to *sacrum* and thighs from. Arg-n.

— — *shoulder-blade* from. Bor. (r).

— — *shoulder* from. Pod.

— — whole left *side* from. Lac-can. (l), Plat. (l).

— toward *stomach* from. Coloc. (l).

— to *thighs* from region of. APIS, Arg-n., Ars., Bry., Cact., Calc-e. (r), Carb-an., Cham., Lac-can., Lill-t. (l), Magnol. (l), Nat-m. (r), Pallad. (r), Phos., Pod., Staph., Xan.

Extending to *anterior* surface of THIGHS. Lill-t. (l), Xanth. (l).

— — inner surface of *thighs*. Ars., Lill-t. (l), Phos. (l).

— — — — — and down knee. Pod. (r).

— — outer surface of *thighs*. Lill-t.

— — *thighs* and over hip from region of. Xanth. (r).

— upward (shooting). Cimic., Lill-t., Lach. (l).

— to *uterus*, from. Ham. (r), Iod. (r), Lach. (r), Sep., Ustl. (l),

Sac-lac. (r).

— — — through broad ligament. Iod. (r).

— — vagina from. Ovi-gall-p. (l), Sep. (l).

Pinching pains in region of. Canth., Cham., PLAT.

Pressive pains in region of. ARS. (r), Lac-def., LACH. (l), Plat.

Pressure in. Angust. (r), Sep.

— above. Eupat-purp. (l).

— downward. Plat.

Pulling down sensation in. Medorr. (l).

— in region of. Plat.

Pulsation (including throbbing in). Calc-e., Cup., Onosmod., Pod. (r).

— in region of. Apis, Ars., BELL. (r), CACT., Calc-e., COP. (r), Cub.

— — — at same hour every day extending to the thighs. Cact.

Pushing in region of. Caps. (l).

Quick pain. Eupat-purp. (l). (Compare Cutting.)

Rawness, sensation of, in region of. Merc. (l).

Right ovary. Abs., Æscul., Ang., APIS, Arg-m., Arg-n., Ars., BELL., Bor., Brachy., Bry., Calc-c., Carb-an., *Cenchris.*, Collins., Conval., *Coloc.*, Cop., Cub., Curar., Ferr., Fer-iod., Fluor-ac., Glon., *Graph.*, Ham., Hell., *Iod.*, Kali-bro., *Kali-iod.*, Kali-n., Lac-can., *Lach.*, Lact-ac., *Lill-t.*, Lyc., *Mag-ph.*, Medorr., Nat-m., PALLAD., Pic-ac., Plat., POD., Psor., Puls., Rhod., Rhus-t., Sac-lac., Sarsap., Sec., Sep., *Xan.*

Sensitiveness, including soreness and tenderness. Alumina, ANT-C., APIS (r), Arg-m., Arg-n., Artemis., Atrop. (l), *Bufo*, Bry. (r), Canth., Chin., Cimic., *Coloc.* (l), Con., Cup-ars. (l), *Graph.*, Guai., Ham., Helon., Hep., *Iod.* (r), Jecoris, Kali-brom. (l), Lac-can., LACH., LILL-T., Medorr. (l), NUX-M., *Onosmod.* (l), PALLAD. (r), *Plat.* (l), Psor. (r), Puls., Rhus-t. (r), Sec-c. (r), Sep., STAPH., Syph. (l), Tarent., *Tereb.*, Therid., Ustl. (l), Vesp. (l).

Sharp pain in. APIS (r), *Cenchris* (l), Kali-ph. (l), LILL-T., Lac-can. (r), LACH. (l), Lyc., Sep., STAPH., Ustl. (l), *Vibur.*

— — region of. *Hydrast.* (l), *Lac-can.*, *Lill-t.*, *Xanth.* (r).

Shooting in. Abrot. (l), Absin. (r), *Cenchris.* (l), Bry., LACH. (l), *Lill-tig.* (l), Lyc., *MAG-PH.* (r), Merc., *Pod.* (r), Sac-lac., Staph., Thuj. (l), *VIBUR.*, *Xanth.* (r).

— across pubes. *Lill-t.* (l).

— to knee. Wyeth (l).

— — hip. *Xan.* (r).

— up side. Cimic.

— — left side and down arm. Lac-can.

Smarting in (compare Rawness). Eupat-purp. (l), Syph. (l).

Soreness. See Sensitiveness.

Sore spot, pain as of, in region of right, extending to thighs. *Bry.*

Sore, as of a. Syph. (l).

Spasmodic pains in. *Coloc.* (l), *Mag-ph.*, Ustl. (l).

Squeezing in region of. *Coloc.* (l), THUJ. (l). (Compare Grasping, etc.).

Sticking in. *Sepia* (l).

— — region of. CAPS. (l), *Plat.* (r).



Sticking from cervix to fundus of uterus, and then to right ovary, causing nausea. *Sepia*.

Stinging pains in. *APIS* (*r*), *Bry.*, *Lill-t.* (*l*), *Merc.*, *Sep*.

— — in region of. *Apis*, *Bor.*, *Goss.*, *Graph.*, *LILL-T*.

Stitches in. *ARS.* (*r*), *Bry.*, *Bufo*, *Coloc.* (*r*), *Graph.* (*l*), *Kali-c.*, *LACH.* (*l*), *Lill-t.*, *Lyc.*, *Merc.* (*l*), *Ovi-gall-p.* (*l*), *SEP.*, *Staph.*

— — region of. *Amb.*, *ARS.* (*r*), *Bell.* (*r*), *Bor.*, *Brom.*, *Bry.*, *Canth.*, *Coloc.* (*r*), *Con.*, *Graph.*, *Ustl.*

Strained pain, as if, in region of. *Amm-m.*, *Apis*, *Arn.*

Suppuration. See Abscess.

Swelling (compare Enlargement). *Ænanth.*, *Alumina*, *Amm-br.* (*l*), *APIS* (*r*), *ARS.* (*r*), *ATROP.* (*l*), *Bell.*, *BROM.* (*l*), *Bufo*, *CARB-AC.* (*l*), *Collin.*, *COLOC.* (*l*), *Coni.*, *Cub.*, *Goss.* (*l*), *GRAPH.* (*l*), *Ham.*, *IOD.*, *KALI-BROM.* (*l*), *KALI-IOD.* (*r*), *LACH.* (*l*), *LILL-T.*, *Nux-m.*, *PALLAD.* (*r*), *Staph.*, *Syph.* (*l*), *Thuj.*, *Ustl.* (*l*).

— sensation of. *Kali-iod.*, *Lill-t.* (*l*).

Tearing in. *Abrot.* (*l*), *Graph.* (*r*), *Ham.* (*Merc.*).

— — region of. *Kali-iod.* (*r*), *Lill-t.*, *Plat.* (*l*).

Tenderness. See Sensitiveness.

Tensive pain. *Ant-c.*, *ARS.*, *Coloc.*, *LACH.* (*l*), *Medorr.* (*r*),

Throbbing in. See Pulsating. [PLAT.]

Tickling in region of. *Prun-sp.*

Tightness (compare tensive pain) in region of. *Apis*.

Tired pain in. *Pod.*

Tumor of. *Apis*, *Apoc-can.*, *Ars.*, *BAR-M.*, *Calc-c.*, *Coloc.*, *Fluor-ac* (*r*), *Graph.*, *Hep.*, *Iod.*, *LACH.*, *Lyc.*, *Merc.*, *PLAT.*, *POD.* (*r*), *Staph.*, *Stram.*, *Syphil.*, *Thuj.*, *Zinc.*

Twinges of pain in region of. *Pic-ac.* (*l*).

Twisting in. *Graph.* (*r*).

Twitching in region of. *Kali-iod.* (*r*).

— — — — extending to back. *Abrotan.*

Uneasiness in region of. *Lyssin.* (*l*).

Vitality, absence of in. *Chenop-v.*

Wedge-like pain from right ovary to uterus. *Iod.*

Weight in (compare Heaviness). *APIS*, *Con.*, *Kali-c.*, *Lill-t.* (*l*), *Sep.*

— — region of. *Lac-def.* (*l*).

## CASES FROM PRACTICE.

DR. HESSE, HAMBURG, GERMANY.

[From the *Archiv für Homöopathie*. Translated by A. McNeil, San Francisco.]

A female teacher, who was treated successfully in April, 1890, with Causticum for a rheumatic affection of the left arm and right leg, came to me on the 20th of August, 1891, with psoriasis on both hands, which had existed three months. She also had hot hands and flying heat in the face. Sepia<sup>30</sup>, a powder every week.

December 9th, 1891, she reported that she only took one-half of the six powders I gave her. She is now complaining of a gastric disorder, worse when sitting bent over and in the morning—weakness. Relying on the previous good effect of Sepia, and as there was nothing in the present symptoms to the contrary, I gave it again.

December 13th she reported considerable improvement.

A tax official, thirty years old, had long suffered from a dry itching eruption on the back of his hands. Six years ago had an itch-like eruption on the body, which was treated homœopathically. April 7th, 1891, Sepia<sup>30</sup>, a powder every week.

He returned November 18th, 1891, on account of an acute trouble, which required Pulsatilla. His eruption had disappeared.

April 11th, 1892, he came again on account of a light attack of gonorrhœa, which had existed eight days, no other symptoms. As I considered that Sepia was his constitutional remedy, I gave it to him once more in the 30th, five powders, one each evening.

May 7th the discharge decreased, the old eruption reappeared on the back of his hands after taking the powders. But it has now disappeared, showing how suitable Sepia was for his constitution and how safely that remedy acts. I gave him Placebos and he did not again return.

Sepia is in general one of the most important remedies in

eruptions and tetter. It stands in close relation to the skin of the hands, and more particularly to their dorsal surfaces. Von Bœnninghausen gives three remedies the highest rank to the back of the hands—viz.: Natrum-carb., Rhus, and Sepia in the second are Calc-carb., Kreos., Sambucus, and Sulphur.

Farrington says Sepia is the most important remedy for small ulcers, particularly those on the wrists. In dry tetter of the backs of the hands this remedy has proved so useful that I always give it unless the symptoms indicate another remedy. For the face of the hands Sepia only takes the third rank. In that peeling off of the palms, which I have often seen as the result of lues, Sepia has been useful. Jahr gives as one of its symptoms, "Peeling off of the skin of the palms of the hands, leaving round bright red spots on the ball of the right thumb, with violent itching, which is not better by scratching."

Von Bœnninghausen recommends for white crusted tetter on the hands, Anacard., Sepia, and Thuja.

In chapped hands, where there are deep, bleeding cracks in the skin, an affection often worse in winter, and not accompanied by any other symptoms, Petrol. has been for me the most useful remedy. I give it almost exclusively in the 30th potency, one dose a week. However, I recall one case in which I gave it successfully several years in the 3d. [Wouldn't the 30th and higher have cured it in much less time?—McN.]

#### CASES CURED BY DR. WASSELY KEIL, GERMANY.

In the evening of June 27th, 1892, I was called in haste to see a woman. She was forty-four years old, and her periods had continued fourteen days. Her menses had been absent eight weeks. To-day she had felt particularly well, and called on a friend, in whose garden she was attacked by a violent uterine hemorrhage. She was hurried to her home in a carriage. It was thought to be a threatened abortion. I found her in bed *by an open window*, warmly covered, in *great anguish*. She was constantly passing *dark blood in large clots*, worse by every movement. She was not in pain. While her habit was to lie with her head low, *she now wanted to lie with her head high*, and

preferred the dorsal position. On preceding days *she had much flatulence.*

I gave her *Lycop.*<sup>30</sup>, two globules, dry, on her tongue.

In two hours her husband reported that immediately after taking the medicine a large clot passed and then ceased. She continued to improve. No more medicine.

## ANOTHER REMEDY FOR ASIATIC CHOLERA.

A. K. CRAWFORD, M. D.

When reviewing the therapeutics of Asiatic cholera for the Clinical Society of Hahnemann College last fall, my paper took the form somewhat of a criticism on the homœopathicity of the more common remedies for that disease. The trend and conclusion of the article was, that we have no such thing in our materia medica as a remedy, the pathogenesis of which covers all the symptoms of an attack of cholera. The nearest approach to a picture of that disease was found under *Arsenic*, but even this drug exhibited certain shortcomings; for instance, the bowel evacuations of *Arsenic* are either fecal, or if fluid, they are colored greenish or blackish, and frequently have a putrid odor.

Again, poisoning by *Arsenic* differs from cholera in that it produces a febrile state, while cholera lowers the temperature. The passages of the one are colored and foul, while the others are colorless, odorless, and resemble rice water. There is comparatively little spasm in the pathogenesis of *Arsenic* while the reverse is the case in the majority of choleraic cases.

The greatest similarity was found in its running in parallel lines with cholera in its capacity to develop a series of stages as cholera does, and because of its profound action on the organism.

*Camphor* was found in no wise to be so close and near a remedy for this malady as *Arsenic*. In the first place, of twenty-two cases of *Camphor* poisoning cited in the *Cyclopedia of Drug Pathogenesis*, not a man, woman, or child among them died, and a no less notable fact was that beyond its immediate depressing and spasmodic action *Camphor* does not go. The sum of the



signs indicating it consisted simply of lividity, alidity, and dyspnœa, so that beyond the very brief period wherein these symptoms occur during the onset of the disease *Camphor* could not be thought of as homœopathic. The grand feature of Asiatic cholera, viz.: the bowel discharges, is altogether absent in the toxic action of this drug.

*Cuprum* displayed as limited applicability to the disease as *Camphor*. The condition which it meets is that of spasms. Painful contractions and spasmodic action of the voluntary muscles are a marked feature of copper poisoning, but the attempt to make this remedy fit a case of cholera beyond this point was disappointing. *Cuprum* has bowel irritation with choleraic character. There is always increased secretion of bile and the stools are colored in accordance. It irritates more than it inflames. The primary action of *Cuprum* is on the alimentary mucous membrane, and all the nervous phenomena are secondary to that. The nervous symptoms are entirely irritative, and might be expressed in one word, spasm.

*Veratrum-album* provings supply a symptom which those other drugs lack. It has violent vomiting with continuous nausea and great prostration. It has gushing, profuse rice-water stools. It has tonic cramps of the hands and feet, with icy coldness in these members. The sweat is cold, especially marked on the upper part of the body and forehead. It develops even the sunken hippocratic face.

If we stop here and look over these remedies, which are the most potent ones heretofore used against cholera, we find that *Camphor* applies to the very first symptoms noted in an attack of cholera; that *Cuprum* is called for in the second set of symptoms in the development of the case, and that *Veratrum-alb.* fills up the gap of symptoms which neither one covered; while *Arsenic* from beginning to end runs in somewhat parallel lines, yet not sufficiently close to the disease to make it a true *simillimum*.

The remedy to which I wish to draw your attention, and which I believe bears a closer homœopathic relationship to Asiatic cholera than any one of the preceding, is the *Agaricus*,

or poisonous mushroom. There are some nine different varieties of this fungus of which we have provings in Allen's *Encyclopædia*, all of which are in brief excepting the *muscarius*, which covers fifty-seven octavo pages. They all have strongly marked family traits, but the one which seems to resemble Asiatic cholera most closely is the *Agaricus phalloides*.

The dejections of the *muscarius* are mostly of a pappy nature. The evacuations are frequent and diarrhœic, often semi-fluid, and occasionally cases develop watery stools. There is a repetition in these cases of the symptoms of heaviness in the abdomen, distresses and burning in the anus, and a fullness of the hemorrhoidal veins, and a few cases develop black or bloody stools, running into a dysenteric flux. But let me read to you from the cases of poisoning by the *Agaricus phalloides*, which is a small stinking species of mushroom common in Europe and Pennsylvania.

There is delirium with faint, indistinct dreams, great restlessness, and complete consciousness until death, or there may be stupor. There is death-like palor; face cyanotic, hippocratic countenance, and very anxious expression; cold tongue, cold breath, trismus, inability to answer questions, speech indistinct, violent thirst, nausea, vomiting and diarrhœa, pains in the stomach, abdomen tense, hard, tumid, and painful; frequent bilious stools, frequent watery stools, again whitish stools, as in Asiatic cholera; suppression of urine, voice hoarse, respiration short, pulse small and intermittent, sometimes hardly perceptible; cold extremities, the skin losing its elasticity and assuming a livid hue; cramps of the legs, calves, and feet, which are painful and convulsive; violent general convulsions, which begin in the arms and legs, gradually extending to the muscles of the trunk, causing irregular distortions of the whole body.

Accompanying these symptoms there is extreme prostration, great exhaustion, with restlessness, livid skin, cold sweat, and somnolence. In one well recorded case (in Allen's *Supplement*), the temperature record was slightly below normal; in another the temperature showed a fraction of a degree above.

This poisonous fungus, then, when taken into the economy is

sufficiently virulent in its action to cause death, and the picture which it presents, while the subject suffers from its ingestion, is such that all those who have witnessed it, I think, will concur with me that it resembles in a wonderful degree an Asiatic cholera case. It has the lividity, algidity, and dyspnœa as strongly marked as Camphor; it has the spasms, violent convulsions, delirium, and comatose state of Cuprum. It has emesis and diarrhœa, with odorless, watery stools, cold sweat on the face, neck, and chest, and heart failure as prominently as *Veratrum*.

Add to the above facts that it develops a series of stages very similar in their accession, progress, and termination to Asiatic cholera, and we must admit that it deserves to be placed on a higher plane in the therapeutics of this disease than Arsenic itself. We find under this drug the same suddenness of onset of symptoms as is noted in cholera; the same sphere of the system on which it wreaks its vengeance, and the same drift toward a fatal ending. I think I have quoted sufficiently the symptoms, course, and stage of the toxic effects of this drug to prove the point which I claim for *Agaricus*, viz.: that it is and should be considered as one of our most potent remedies wherewith to combat Asiatic cholera.

If it requires anything to supplement its curative influence, it seems to me all that is necessary is to add *Veratrum-alb.*, and this only when the character of the evacuations is persistently of the rice-water variety.

If we are so unfortunate as to be visited by an epidemic of the Asiatic cholera this year, or any other year, I beg of you, brother physicians, to keep this remedy in mind, and to make a trial of it under the laws of similars, and thereby prove its usefulness or uselessness beyond peradventure.—*Medical Century*, Vol. I, No. 8, August, 1893.



## HOW TO CURE RHUS POISONING.

C. H. EVANS, M. D., CHICAGO, ILL.

It is sincerely to be hoped that Homœopathy never will be credited as identical with the theory of it set forth in the paragraph quoted by Mr. Rabe in the August number at page 445. It is the caricature of Homœopathy that the allopathic school have set up, "Take a hair of the dog that bit you." Hahnemann never taught such doctrine, and not a line approaching it can be found in *The Organon*. It is isopathy, not Homœopathy. Webster defines these as follows: ISOPATHY—The cure of a disease by means of the virus of such a disease. The theory of curing a diseased organ by the use of the analogous organ of a healthy (diseased) animal. HOMŒOPATHY—The art of curing founded on resemblances; the theory and its practice that disease is cured by remedies which produce on a healthy person effects similar to the symptoms of the complaint under which the patient suffers.

So it is not the identical virus, but the *resemblance* to a disease that a drug has produced upon healthy persons that constitutes Homœopathy. The former is represented by Pasteur, Koch, Brown-Sequard, *et al.*, and the few who have adopted the nosodes, while the latter was taught by Hahnemann and is practiced to-day as the science of therapeutics.

The banner of isopathy has no place in the ranks of Homœopathy. To borrow another simile it is an exotic.

[What Dr. Evans says above is perfectly true. We think, though, that in quoting the paragraph referred to Mr. Rabe, who is a lawyer, meant merely to show how closely the old school approaches to Homœopathy without giving any credit to the law of the similars, even using the very medicines they are accustomed to denounce and ridicule. We all know that in treating Rhus-tox. poisoning we sometimes meet with cases that call so loudly for Rhus-tox. that we feel compelled to give it—in a



high potency—and with curative effect. “A hair of the dog that bit you” is but a subterfuge to avoid giving the credit to the hated system of treatment.—ED.]

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### THE RESIGNATION OF DR. BELL.

BOSTON, September 1st, 1893.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN :—I notice that my friend, Dr. J. B. S. King, announces me as having resigned from the International Hahnemannian Association, and I would be obliged to you if you would correct the report, as there is no foundation for it.

Yours sincerely,

JAMES B. BELL.

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### VACCINIUM AND VARIOLINUM.

VICTORIA, B. C., August 12th, 1893.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN :—In my article on vaccination, which I had hoped would be printed before the last meeting of our men, there is a very important misprint in July number, on page 393, line fourteen from the bottom, where the word fully is called “fondly,” an error which alters the whole tenor. Will you please call attention to this.

Sincerely,

JOHN HALL.

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### WORLD'S CONGRESS TRANSACTIONS.

EDITOR HOMŒOPATHIC PHYSICIAN :—The American Institute of Homœopathy at its recent meeting authorized the Executive Committee to confer with the officials of the World's Congress, with power to act in reference to the publication of the Congress proceedings. I have now to report that the manuscripts were placed in the hands of the General Secretary on August 18th, and under the direction of the Committee will be issued in a separate volume.

All Institute members not in arrears, and all foreign physicians who contributed in any way to the success of the Congress

will receive a copy free. Others may obtain copies by sending five dollars to the Treasurer, Dr. T. F. Smith, 264 Lenox Avenue, New York city.

PEMBERTON DUDLEY,

*General Secretary A. I. H.*

## THE EDITORIAL IN THE JULY NUMBER.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN:—Thank you for the editorial in the July number. It seems to me an excellent presentation of the exact truth. What an admirable tract it would make.

All do not possess equal powers of expression, but we may all follow and work in the path opened providentially by Hahnemann for the good of humanity. There is "a good time coming" for Homœopathy, for now is but the dawn of the new age. With "Sojourner Truth" we ask is "God dead"?

Fraternally,

EDWARD PAYSON SMALL, M. D.

PHILADELPHIA, August 6th, 1893.

## BOOK NOTICES.

Messrs. P. Blakiston, Son & Co., Philadelphia, desire to announce A NEW ILLUSTRATED DICTIONARY OF MEDICINE, BIOLOGY, AND COLLATERAL SCIENCES, by Dr. George M. Gould, already well known as the editor of two small medical dictionaries, has now about ready an unabridged, exhaustive work of the same class, upon which he and a corps of able assistants have been uninterruptedly engaged for several years.

It contains a large number of fine illustrations that have been included, many of which—as, for instance, the series of over fifty of the bacteria—have been drawn and engraved especially for the work. It contains a far larger number of words than any other one-volume medical lexicon. It is a new book, not a revision of the older volume. The pronunciation, etymology, definition, illustration, and logical groupings of each word are given.

THE ERA KEY TO THE U. S. P., 1893. Published by D. O.

Haynes & Co., P. O. Box 583, Detroit, Michigan. Price, 25 cents.

The object of this work, as explained by the publishers, is to assist physicians and pharmacists to familiarize themselves with the contents of the new

*United States Pharmacopœia*, also to further the introduction and employment of official drugs and preparations.

This book gives in a very condensed form all the vital information regarding the drugs and preparations of the new *Pharmacopœia* as follows:

1. A complete *list* of all drugs and preparations in the new *U. S. P.* 2. The common *names* and *synonyms* of each drug and preparation. 3. The *parts* employed. 4. The *doses* in both Apothecaries and Metric Systems. 5. The *preparations* in which the drug is employed.

Particular attention has been paid to the typographical arrangement of the matter. The official names are arranged alphabetically in black-faced type, and no less than six styles of type are used in its composition so as to bring out in marked contrast the important features. The book is in vest-pocket size, and certainly of great assistance to physicians in writing prescriptions, and to pharmacists in dispensing the same.

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## NOTES AND NOTICES.

DR. JOHN STORER removed September 1st, 1893, to corner Revere and Alveston Streets, Jamaica Plain, Mass.

DR. A. W. HOLCOMBE has located at Kokomo, Indiana, in the office with Dr. Sawyer. He has the honor of being the first graduate from the Hering College of Homœopathy.

THE PURITY OF COCAINE has been investigated lately, and the results of it may be found in the statement on advertising page 5.

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## FUN FOR DOCTORS.

IN A HOSPITAL.—Doctor (to patient)—“Young man, you do not seem to pick up as fast as I expected you would.”

Patient—“That’s so, doctor; I don’t feel as if I would be able to leave the hospital for some time yet. I believe that the nurse is to blame for it.”

“Why, how is that?”

“Well, she is only eighteen years old, and very good looking.”

“I think I’ll have to prescribe another nurse.”—*Texas Siftings*.

Husband—“Dr. Foote, the chiropodist, will dine with us this evening.”

Wife—“All right; I’ll order corned beef.”

LOSING FAITH IN EDITORS.—Old Lady—“I don’t believe this Sure Cure Tonic is a-goin’ to do me any good.”

Friend—“It’s highly spoken of in the papers.”

Old Lady—“Yes, but I’ve taken forty-seven bottles, and I don’t feel a bit better. I tell you what it is, Sarah, I’m beginning to think these newspaper editors don’t know everything.”—*New York Weekly*.

*In sleeplessness.* Ars., Bry., Calc., Con., Lyc., Phos., Plat., Puls., Rhus, Sabin., Sep., Sil. or

Amm., Amm-mur., Arn., Asar., Bor., Camph., Dule., Hep., Kali, Laur., Magn., Merc., Natr-mur., Nitr-ac., Ran-bulb., Samb., Sulph.

*While sitting.* Anac., Ang., Asaf., Carbo-v., Dig., Magn-mur., Natr., Phos., Rhus, Sep., Sil., Spig., Valer. or

Agar., Alum., Ant-tart., Asar., Bar., Calc., Caps., Carbo-an., Chin., Cycl., Dule., Ferr., Graph., Lyc., Mang., Men., Mosch., Mur-ac., Phos-ac., Plat., Puls., Rhod., Sabad., Seneg., Sulph., Verb., Viol-tr.

— *stooping.* Chin., Dig., Rhus, Sil., Spig. or

Alum., Ang., Arg., Bry., Cann., Men., Merc., Oleand., Phos-ac., Ran-bulb., Rhod., Seneg., Spong., Stann., Staph.

— *speaking.* Ambr., Arn., Bry., Calc., Carbo-v., Hep., Kali, Led., Phos., Plat., Puls., Rhus, Selen., Stann., Sulph. or

Alum., Amm., Anac., Bell., Bor., Cann., Canth., Cham., Chin., Cocc., Dule., Graph., Ign., Iod., Mang., Merc., Merc-corr., Mezer., Mur-ac., Natr., Natr-mur., Phos-ac., Ran-bulb., Scill., Sep., Spig., Stram., Sulph-ac., Verat.

*While standing.* Agar., Con., Plat., Valer. or

Aur., Cycl., Ferr., Natr-mur., Puls., Rhus.

*In a (warm) room.* Apis, Croc., Iod., Ipec., Lyc., Puls., Sabin. or

Ambr., Amm., Amm-mur., Anac., Ang., Ant-c., Ars., Asar., Bell., Bry., Calc., Graph., Laur., Natr-mur., Phos., Plat., Rhod., Rhus, Selen., Seneg., Spig., Sulph., Sulph-ac., Thuja, Verb., Vit.

*After stool.* Ars., Op. or

Ant-tart., Caust., Nitr-ac., Rhus.

*From tobacco smoke and smoking.* Ign., Phos., Puls. or

Acon., Ant-c., Ars., Cic., Cycl., Nux-v., Selen., Seneg., Sep., Spong., Staph.



*From ascending stairs.* Ars., Bar., Nitr-ac., Petr., Spong.,  
Thuja or

Acon., Bell., Bry., Calc., Graph., Merc., Natr., Nitr.,  
Nux-v., Rhus, Ruta, Seneg., Sep., Spig., Stann., Staph.,  
Sulph., Zinc.

*From drinking (in general).* Arn., Ars., Calc., Chin., Con.,  
Natr-mur., Nux-v., Rhus, Sil., Verat. or

Acon., Anac., Ant-tart., Brom., Bry., Con., Coloc., Croc.,  
Cupr., Ferr., Hep., Mar., Nitr-ac., Puls., Sulph., Thuja.

— — *beer.* Ferr., Rhus, Sep., Sulph., Thuja. or

Acon., Ars., Bell., Coloc., Nux-v., Puls., Secale, Stram.,  
Verat.

— — *brandy.* Arn., Ars., Fluor., Lach., Nux-v., Op. or

Calc., Chin., Cocc., Hep., Ign., Led., Rhus, Stram.,  
Sulph., Sulph-ac.

— — *coffee.* Cham., Ign., Nux-v. or

Canth., Caust., Chin., Cocc., Ipec., Merc., Phos-ac., Puls.,  
Rhus, Sulph., Thuja.

— — *tea.* Fer., Selen. or

Ars., Chin., Hep., Phos-ac., Thuja, Verat.

— — *wine.* Ars., Carbo-v., Lach., Lyc., Natr-mur., Nux-v.,  
Sil., Thuja, Zinc. or

Ant-c., Arn., Bor., Calc., Coff., Fluor., Natr., Nux-m.,  
Op., Ran-bulb., Sabad., Selen.

*From turning in bed.* Acon., Ars., Cann., Hep., Lyc., Puls.,  
Sulph. or

Amm-mur., Bry., Caps., Carbo-v., Con., Creos., Ferr.,  
Natr-mur., Nux-v., Rhus, Sil., Staph., Thuja.

*From warm weather.* Bry., Graph., Iod., Nitr-ac., Puls.,  
Sulph. or

Ant-c., Asar., Carbo-v., Con., Colch., Lach., Lyc., Op.,  
Phos., Phos-ac., Secale, Selen., Sep.

## II. CHILLS.

*Chill (in general predominant).* Acon., Agar., Alum., Amm-mur., Anac., Ant-c., Ant-tart., Apis, Arn., Ars., Asaf., Asar., Aur., Bar., Bell., Bor., Bov., Brom., Bry., Calad., Calc., Camph., Cann., Canth., Caps., Carbo-an., Carbo-v., Caust., Chel., Chin., Cic., Cina, Cocc., Colch., Coloc., Con., Creos., Croc., Cupr., Cycl., Dig., Dros., Dulc., Euphorb., Euphras., Ferr. (Fluor.), Graph., Hell., Hep., Hyos., Ign., Ipec., Kali, Lach., Laur., Led., Lyc., Magn., Magn-mur., Mang., Mar., Men., Merc., Merc-corr., Mezer., Mur-ac., Natr., Natr-mur., Nitr., Nitr-ac., Nux-m., Nux-v., Oleand., Par., Petr., Phos., Phos-ac., Plat., Plumb., Puls., Ran-bulb., Rhod., Rhus, Ruta, Sabad., Sabin., Sarsap., Secale, Sep., Sil., Spig., Spong., Stann., Staph., Stram., Stront., Sulph., Sulph-ac., Thuja, Verat., Verb., Vit., Zinc. or

Ambr., Amm., Ang., Arg., Bism., Cham., Clem., Coff., Guaj., Iod., Mosch., Op., Ran-scel., Rheum, Samb., Scill., Selen., Seneg., Tar., Valer., Viol-od., Viol-tr.

*External.* Acon., Amm-mur., Cham., Euphras., Ignat., Nit-ac., Oleand., Sabad., Sulph., Verat., Zinc. or

Arn., Ars., Calc., Chin., Euphorb., Lach., Mag., Merc., Mosch., Ran-bulb., Rhus, Sil., Verb.

*With goose-flesh.* Bell., Bry., Camph., Cann., Croc., Hell., Nux-v., Par., Sabad. or

Ang., Ant-tart., Ars., Asar., Aur., Bar., Bor., Canth., Caust., Chel., Chin., Ignat., Laur., Led., Mang., Mezer., Mur-ac., Natr., Nat-mur., Phos., Ran-bulb., Rhod., Ruta, Sabin., Sarsap., Spig., Stann., Staph., Sulph-ac., Thuja, Verat.

*On one side.* Bry., Carbo-veg., Chel., Dros., Lyc., Nux-v., Phos., Puls., Rhus, Ruta, Stann., Thuja, Verb. or

Alum., Ambr., Anac., Ant-tart., Am., Bar., Bell., Caust., Cham., China, Cocc., Croc., Dig., Ignat., Kali, Natr., Par., Phos-ac., Plat., Ran-bulb., Rheum., Sabad., Sabin., Sarsap., Spig., Stram., Sulph., Sulph-ac.

*Chill on left side.* Carbo-veg., Dros., Lyc., Stann., Thuja. or  
Bar., Caust., Par., Rhus, Ruta, Spig., Sulph.

*On the right side.* Bry., Chel., Phos., Puls., Rhus. or  
Caust., Lyc., Nux-v., Ran-bulb., Sabin.

*Chill running from above downward.* Agar., Canth., Cic.,  
Coffea, Croc., Mez., Mosch., Staph., Sulph-ac., Valer. or  
Bar., Bell., Caust., Cocc., Colch., Creos., Lach., Magn.,  
Phos., Ruta, Sabad., Stram., Stront., Sulph., Thuja,  
Verat., Zinc.

*Chills running upward.* Acon., Cina, Dig., Hyos., Lach., Phos.,  
Sabad., Sarsap., Sepia, Staph. or  
Amm-mur., Carbo-an., Croc., Dulc., Magn., Puls., Ruta,  
Sulph., Verat.

*Internal chill.* Anac., Ang., Arn., Ars., Bry., Calc., Canth.,  
Caust., Chel., China, Cocc., Coffea., Con., Dig., Dros.,  
Euphras., Guaj., Ign., Ipec., Merc., Natr., Natr-mur., Petr.,  
Phos., Plumb., Puls., Ruta, Scill., Sil., Sulph., Thuja,  
Verb., Vit. or

Acon., Alum., Ambr., Ant-crud., Ant-tart., Asaf., Asar.,  
Bar., Bell., Bov., Camph., Caps., Carbo-veg., Cham., Cic.,  
Colch., Creos., Croc., Graph., Hell., Hepar, Kali, Lach.,  
Laur., Lyc., Magn., Mang., Men., Mez., Mosch., Nitr-ac.,  
Nux-v., Olean., Par., Phos-ac., Plat., Ran-bulb., Rheum,  
Rhus, Sabad., Sarsap., Sec-corn., Sep., Spig., Spong.,  
Stront., Sulph-ac., Valer., Verat., Zinc.

*Chill with shaking.* Acon., Ant-crud., Ars., Bell., Brom., Bry.,  
Camph., Cannab., Cham., Chel., China, Cina, Creos., Hell.,  
Iod., Ipecac., Nux-v., Phos-ac., Plat., Rhus, Ruta, Sabad.,  
Samb., Spong., Staph., Sulph., Verat. or

Agar., Amm., Anac., Ap., Arn., Asar., Aur., Bar., Calc.,  
Canth., Caps., Carbo-veg., Caust., Cic., Cocc., Cupr., Cycl.,  
Dulc., Ferr., Hepar, Ign., Lach., Laur., Led., Lyc., Mag.,  
Mag-mur., Mang., Merc., Merc-corr., Mur-ac., Natr., Natr-  
mur., Nitr., Nit-ac., Nux-mos., Op., Petr., Phos., Puls.,

Ran-bulb., Sabin., Sarsap., Secale-corn., Sep., Sil., Spig., Stram., Thuja, Valer.

*Over-running chills.* Asar., Bar., Colch., Kali, Puls., Ruta, Samb., Spig. or

Agar., Alum., Ant-tart., Asaf., Bell., Cham., Chin., Led., Merc., Mez., Nat-mur., Nux-v., Phos-ac., Rhus, Sarsap., Thuja, Valer., Verat., Verb.

*Shivering chill.* Acon., Anac., Ant-tart., Bry., Cina, Croc., Mar., Natr-mur., Op., Par., Plat., Puls., Rhus, Sulph., Vit. or

Ap., Arn., Ars., Asaf., Bell., Bor., Brom., Calc., Cann., Canth., Caps., Carbo-an., Chin., Cic., Cocc., Con., Led., Merc., Natr., Nitr., Nux-v., Oleand., Petr., Phos., Phos-ac., Sabad., Sil., Stram., Valer., Zinc.

*As if cold water were poured over one.* Anac., Ant-tart., Arn., Bar., Led., Merc., Rhus. or

Agar., Chin., Magn., Mez., Nux-v., Puls., Sabad., Valer., Verat., Verb.

*Slight shivering chilliness.* Ap., Ars., Asar., Bar., Bry., Camph., Carbo-v., Cocc., Coff., Hell., Hyos., Ipec., Natr., Nux-mos., Par., Petr., Phos., Plat., Puls., Ran-bulb., Scill., Sep., Spig., Stann., Sulph., Vit., Zinc. or

Agar., Ambr., Anac., Bell., Bism., Bov., Canth., Cham., Chin., Cina, Con., Creos., Cupr., Dig., Dros., Dule., Euphorb., Guaj., Lach., Lyc., Mar., Merc., Merc-corr., Mos., Mur-ac., Natr-mur., Nit., Nux-v., Phos-ac., Plumb., Ran-scel., Rhus, Sabad., Samb., Sarsap., Seneg., Sil., Spong., Staph., Tar., Thuja, Valer.

*Coldness in general.* Anac., Ars., Asar., Bar., Bry., Calc., Camph., Carbo-v., Caust., Chel., Chin., Cic., Euphr., Ferr., Graph., Hep., Ign., Ipec., Led., Lyc., Merc., Merc-corr., Mez., Natr-mur., Nitr-ac., Nux-m., Nux-v., Oleand., Petr., Phos., Plat., Plumb., Puls., Sabad., Sabin., Scill., Sep., Sil., Sulph., Viol-tr. or

Agar., Alum., Amm-mur., Ant-c., Ant-tart., Bov.,



Calad., Cann., Carbo-an., Cham., Cocc., Con., Creos., Croc., Dig., Dulc., Euphorb., Kali, Lach., Laur., Men., Mosch., Mur-ac., Natr., Op., Par., Phos-ac., Ran-bulb., Rhod., Rhus, Spig., Stram., Stront., Valer., Vit.

#### PARTIAL CHILL.

*Partial chill in general.* Acon., Ambr., Bar., Bell., Bry., Calc., Caust., Cham., Chel., Chin., Creos., Ign., Men., Merc., Nux-v., Phos-ac., Puls., Ran-bulb., Rhus, Sep., Spig., Sulph., Verat. or

Agar., Alum., Amm., Amm-mur., Anac., Ant-tart., Apis, Arg., Arn., Ars., Asar., Aur., Bor., Bov., Brom., Camph., Cann., Canth., Caps., Carbo-an., Carbo-v., Cic., Cocc., Coff., Colch., Coloc., Con., Croc., Cupr., Dig., Dros., Dulc., Euphorb., Euphras., Graph., Guaj., Hell., Hepar, Hyos., Iod., Ipec., Kali, Lach., Laur., Led., Lye., Magn., Mang., Merc-corr., Mez., Mosch., Mur-ac., Natr., Natr-mur., Nitr., Nitr-ac., Nux-mosch., Oleand., Op., Par., Petr., Ruta, Sabad., Sabin., Samb., Sarsap., Scill., Sec-corn., Seneg., Sil., Spong., Stann., Staph., Stram., Stront., Thuja, Valer., Viol-tr., Vit., Zinc.

*On upper part of body.* Cina, Euphorb. or

Agar., Bar., Men., Rhus.

*On lower part of body.* Arn. or

Acon., Nux-v., Puls., Sarsap.

*On fore part of body.* Cham., Puls.

*On the back part of body.* Cham., Ign., Rhus. or

Cocc., Stront.

*Partial chill of head.* Calc., Merc., Merc-corr., Nux-v., Ruta, Sep., Stann., Stront., Sulph., Verat., Vit. or

Acon., Agar., Ambr., Asar., Bar., Cann., Carbo-v., Caust., Chel., Chin., Creos., Dulc., Kali, Lach., Laur., Mosch., Phos-ac., Rhus, Sabin., Spig., Staph., Thuja.

*Proceeding from head.* Mosch.

*Proceeding from back of head.* Valer.

*On the eyes.* Plat. or

Amm., Asar., Calc., Con., Croc., Kali, Lyc., Par.

*On the ears.* Calc., Ipec., Merc. or

Kali, Lach., Men., Plat., Seneg., Staph., Verat.

*On the nose.* Nux-v. or

Ant-crud., Bell., Ign., Merc., Plumb., Verat.

*On the face.* Calc., Cham., Lyc., Nux-v., Plat., Rheum. or

Acon., Am., Bar., Camph., Caust., Cina, Chin., Dros.,  
Ign., Laur., Merc-corr., Mosch., Phos., Phos-ac., Puls.,  
Ran-bulb., Rhod., Ruta, Sep., Spig., Stront.

*Proceeding from the face.* Bar.

*Proceeding from the lips.* Ap., Plat., Sep.

*In the epigastrium.* Bell., Colch., Ipec. or

Ant-tart., Ars., Bar., Camph., Caust., Ign., Laur.,  
Natr-mur., Nux-v., Phos., Spig., Spong.

*Proceeding from the epigastrium.* Bar.

*Around the hypochondria.* Nux-v., Puls.

*On the abdomen.* Ars., Calad., Merc., Par., Puls., Spig. or

Acon., Ambr., Chin., Colch., Kali, Magn., Mar., Men.,  
Mez., Nit-ac., Nux-v., Op., Phos-ac., Ran-bulb., Sec-corn.,  
Sulph., Zinc.

*Proceeding from the abdomen.* Calad., Mar. or  
Par.

*On the throat.* Calc., Dulc., Kali, Phos., Sulph., Valer.

*On the chest.* Cic., Dig., Ran-bulb., Spig. or

Calc., Coff., Merc., Natr., Nux-v., Par., Sulph.

*Proceeding from the chest.* Cic., Spig.

*On shoulder-blades.* Caust., Rhus. or

Alum., Amm-mur., Aur., Creos., Sil., Stront., Viol-tr.

*Proceeding from shoulder-blades.* Rhus.

*On the back.* Bell., Bor., Canth., Caps., Caust., Chin., Cocc., Coff., Colch., Dig., Dulc., Hyos., Magn., Men., Mez., Phos., Puls., Rhus, Ruta, Sec-corn., Sep., Spig., Spong., Stann., Stram., Sulph. or

Acon., Agar., Alum., Amm-mur., Bov., Camph., Calc., Carb-veg., Con., Creos., Croc., Graph., Guaj., Hell., Hepar, Ign., Lach., Laur., Led., Lyc., Merc., Mosch., Mur-ac., Natr-mur., Nux-mos., Nux-v., Op., Phos-ac., Plat., Ran-bulb., Sabad., Sarsap., Scill., Seneg., Sil., Staph., Thuja, Valer., Verat.

*Proceeding from the back.* Staph. or

Arg., Croc., Dulc.

*On lower lumbar and sacral regions.* Bry., Hyos., Lyc., Puls., Rhus, Stront., Sulph. or

Canth., Carb-veg., Creos., Hell., Lach., Laur., Merc., Merc-corr., Phos-ac., Sabad., Sabin., Spong.

*Proceeding from this region.* (Kreutze.) Hyos., Stront.

*On the upper extremities.* Acon., Bell., Bry., Caust., Cic., Ign., Nux-v., Plumb., Rhus, Sabad., Spig., Verat. or

Amm., Anac., Bar., Cann., Chel., Chin., Cocc., Croc., Cupr., Dig., Dulc., Euphras., Graph., Hell., Hepar, Kali, Mang., Merc., Mez., Mosch., Petr., Phos-ac., Puls., Ran-bulb., Ruta, Scill., Sec-corn., Sep., Sil., Staph., Thuja, Zinc.

*On the upper arm.* Ign., Mez. or

Cocc., Graph., Phos-ac., Puls., Ran-bulb.

*Proceeding from the upper arm.* Mez.

*On the lower arm.* Rhus. or

Bry., Caust, Ign., Nux-v.

*On the hands.* Bar., Bell., Cupr., Dig., Natr-mur., Rhus, Sabad., or

Ambr., Anac., Chel., Dros., Iod., Lach., Merc., Mosch., Nux-v., Phos., Samb., Spig., Verat., Zinc.

*Proceeding from the hands.* Dig.

*On the fingers.* Cupr., Men., Merc., Phos-ac. or

Acon., Creos., Dig., Kali, Mang., Ran-bulb., Spig.,  
Sulph., Thuja.

*On the lower extremities.* Bell., Chin., Cic., Cocc., Croc., Ign.,  
Merc., Mez., Par., Puls., Rhus, Sabad., Sep., Spig. or

Acon., Agar., Ambr., Arg., Arn., Camph., Caps., Carb-  
an., Carb-veg., Caust., Chel., Coloc., Creos., Cupr., Dros.,  
Euphorb., Hell., Hepar, Laur., Led., Lyc., Men., Merc-  
carr., Mosch., Natr., Nit-ac., Nux-mos., Nux-v., Olean.,  
Petr., Plumb., Ran-bulb., Rhod., Sabin., Samb., Sec-  
corn., Spong., Sulph., Valer., Verat.

*On the thighs.* Bry., Chin., Puls., Spong., Stront. or

Agar., Arn., Bell., Caps., Cic., Hell., Ign., Lyc., Merc.,  
Mosch., Nitr-ac., Oleand., Ran-bulb., Rhod., Samb., Sep.

*On the knees.* Chin., Men., Puls. or

Caust., Coloc., Ign., Lach., Nitr-ac., Phos., Sep.

*On the legs.* Ars., Chel., Puls. or

Ambr., Bar., Bell., Chin., Creos.

*On the feet.* Amm., Bar., Bell., Brom., Cupr., Dig., Dros.,  
Magn., Merc., Rhus, Sabad., Sulph. or

Acon., Anac., Arg., Ars., Chel., Coloc., Creos., Croc.,  
Ign., Laur., Lyc., Merc., Mezer., Natr-mur., Nux-mos.,  
Par., Puls., Ran-bulb., Samb., Sep., Valer., Verat.

*Proceeding from the feet.* Bar., Rhus, Sulph. or

Dig., Hyos.

#### COLDNESS.

*General coldness.* Amm-mur., Ant-t., Arn., Ars., Aur., Bism.,  
Bry., Calad., Camph., Cann., Canth., Carbo-v., Caust.,  
Cham., Chel., Coloc., Con., Cupr., Dulc., Euphorb.,  
Euphras., Ferr., Hell., Hyos., Lach., Laur., Led., Lyc.,  
Magn., Mezer., Mosch., Natr., Natr-mur., Nitr., Nux-v.,



Op., Plumb., Puls., Ran-bulb., Rhus-t., Sarsap., Sep., Staph., Stram., Verat. or

Acon., Ambr., Amm., Anac., Asaf., Asar., Bar., Bell., Bor., Bov., Brom., Calc., Caps., Carbo-an., Chin., Cocce., Coffea, Colch., Creos., Croc., Cycl., Dig., Dros., Graph., Ign., Iod., Ipec., Mang., Men., Merc., Merc-cor., Mur-ac., Nitr-ac., Nux-m., Oleand., Par., Petr., Phos., Phos-ac., Plat., Ruta, Sabad., Sabin., Samb., Seill., Secale, Selen., Sil., Spig., Spong., Sulph., Thuja, Valer., Verat., Zinc.

#### PARTIAL COLDNESS.

*One-sided coldness.* Bry., Caust., Dros., Lyc., Mosch., Nux-v., Par., Puls., Rhus-t., Ruta, Thuja. or

Ant-tart., Arn., Bar., Carbo-v., Chel., Chin., Cocce., Dig., Ipec., Phos., Phos-ac., Rheum, Sabad., Sulph., Verb.

*On posterior portion of body.* Rhus.

*On left side.* Caust., Dros., Thuja. or

Arn., Chin., Par.

*On right side.* Bry., Lyc., Par., Rhus-t. or

Caust., Phos-ac., Puls.

*On painful parts.* Ang., Led., Rhus. or

Ars., Cocce., Dule., Lach., Merc., Petr., Plat., Plumb., Rhod., Sil., Thuja.

*Coldness of the head.* Apis, Calc., Rhus, Ruta, Sep., Sulph. or  
Agar., Alum, Amm., Bar., Graph., Magn-mur., Mang., Phos., Phos-ac., Rhod., Sabad., Verat.

*Coldness of the ears.* Ipec., Plat., Verat. or

Dule., Kali, Lach., Mang., Merc., Seneg., Stann.

*Coldness of the nose.* Arn., Nux-vom., Verat. or

Apis, Bell., Chin., Cycl., Dros., Ign., Natr-m., Phos-ac., Plumb.

*Coldness of the face.* Camph., Cina, Dros., Hyos., Ipec., Lyc.,  
Natr-c., Petr., Verat. or

Ant-tart., Asar., Bell., Bism., Canth., Carbo-v., Cham.,  
Cic., Ign., Nit-ac., Plat., Rheum, Rhus.

*Coldness of the cheeks.* Bell. or

Cham., Rheum.

— *of the lips.* Apis.

— *of the chin.* Verat.

— *in the mouth.* Ars., Carbo-v., Verat. or

Acon., Camph., Caust., Colch., Cupr., Rhus.

— *of the tongue.* Ars., Carbo-v., Verat. or

Colch., Cupr.

— *of the epigastrium.* Bell. or

Ant-tart., Ars., Camph., Caust., Ign., Laur., Nat-m.,  
Nux-x., Phos., Spig., Spong.

— *of the abdomen.* Ambr., Par., Sep. or

Apis, Calad., Chin., Merc., Merc-corr., Op., Puls.,  
Spig.

*Coldness of the genitals.* Agn., Sulph. or

Cann., Caps., Caust., Merc.

— *of the glans penis.* Caust. or

Merc., Sulph.

— *of the testicles.* Agn. or

Caps.

— *on the chest.* Cic., Merc., Merc-corr.

— *on the back.* Amm-mur., Caust., Rhus, Secale. or

Calc., Camph., Croc., Dulc., Men., Natr-mur., Stann.,  
Thuja.

— *of the loins.* (*Kreutze.*) Carbo-v., Phos-ac., Spong.

— *proceeding from the loins.* Hyos.

*Coldness of the upper extremities.* Arn., Bell., Euphras., Mezer., Op., Puls., Rhus. or

Amm., Apis, Bry., Camph., Cham., Chin., Cic., Dig., Dulc., Euphorb., Hyos., Ipec., Kali, Led., Merc., Merc-corr., Natr-mur., Nux-v., Oleand., Phos., Plumb., Ruta, Sabad., Secale, Sep., Stram., Sulph., Thuja, Verat.

— *of the hands.* Arn., Aur., Bar., Bell., Calc., Camph., Caust., Chel., Chin., Coloc., Cycl., Dig., Dros., Hell., Iod., Ipec., Lach., Lyc., Mang., Men., Mezer., Mur-ac., Natr., Natr-mur., Nit-ac., Nux-v., Petr., Phos., Puls., Ran-bulb., Rhus, Ruta, Sabin, Samb., Selen., Scill., Stram., Sulph., Thuja, Verat., Vit., Zinc. or

Acon., Agar., Alum., Ambra., Amm., Ant-tart., Apis, Ars., Asar., Bor., Bry., Calad., Cann., Canth., Caps., Carbo-an., Carbo-v., Cham., Cina, Cocc., Coffea, Colch., Con., Creos., Cupr., Euphras., Ferr., Hep., Ign., Kali, Laur., Led., Mar., Merc., Merc-corr., Mosch., Nitr., Nux-m., Par., Phos-ac., Sarsap., Sep., Sil., Spig., Spong., Stann., Sulph-ac., Verb.

— *of the fingers.* Ant-tart., Calc., Chel., Dig., Phos-ac., Sep., Sulph., Tar, Thuja.

— *of the finger points.* Ant-tart., Chel., Tar, Thuja. or  
Phos-ac., Ran-bulb., Sarsap., Spig., Sulph.

— *of the lower extremities.* Ars., Bell., Bry., Calad., Caust., Led., Mezer., Nitr., Nit-ac., Nux-v., Op., Puls., Sep., Sulph., Thuja. or

Apis, Carbo-an., Cham., Chin., Cic., Dig., Euphorb., Hyos., Ipec., Lyc., Merc., Merc-corr., Natr., Natr-mur., Oleand., Petr., Phos., Plumb., Rhod., Sabad., Secale, Stram., Stront.

— *of the thighs.* Calad., Calc., Merc., Spong., Sulph. or  
Agar., Nitr-ac., Nux-v., Oleand., Rhod., Thuja.

*Coldness of the knees.* Agn., Puls. or

Ambr., Ars., Aur., Cann., Chin., Coloc., Mezer., Nitr-ac.,  
Petr., Phos., Sep., Stann., Sulph.

— *of the legs.* Calad., Sil. or

Ambr., Ars., Aur., Chel., Ign., Led., Mang., Merc.,  
Rhus, Samb., Sulph., Thuja.

— *of the feet.* Acon., Ambr., Amm., Amm-mur., Ant-crud.,  
Ant-tart., Arn., Aur., Bell., Brom., Calad., Calc., Caps.,  
Caust., Chel., Chin., Coff., Coloc., Con., Creos., Dig., Dros.,  
Graph., Iod., Ipec., Kali, Lach., Lyc., Mang., Merc., Merc-  
corr., Mezer., Mur-ac., Natr., Natr-mur., Nitr., Nitr-ac.,  
Oleand., Petr., Phos., Phos-ac., Plat., Puls., Rhod., Rhus,  
Ruta, Sabin., Samb., Sarsap., Scill., Sep., Sil., Stram., Sulph.,  
Thuja, Verat. or

Alum., Anac., Ars., Asar., Bar., Bov., Bry., Camph.,  
Cann., Canth., Carbo-an., Carbo-v., Cham., Cie., Cocc.,  
Colch., Croc., Cupr., Cycl., Euphras., Ferr., Hell., Hep.,  
Hyos., Ign., Laur., Led., Magn., Magn-mur., Merc., Nux-  
v., Plumb., Ran-bulb., Sabad., Selen., Stann., Staph.,  
Stront., Sulph-ac., Valer., Verb., Zinc.

— *of the toes.* Calad., Dig., Sulph. or

Acon., Brom.

#### GENERAL SENSATION OF COLDNESS.

Arn., Calc., Caust., Chin., Cocc., Laur., Lyc., Men.,  
Merc., Mosch., Mur-ac., Plat., Puls., Rhus, Secale, Sep.,  
Sulph., Verat., Verb. or

Acon., Agar., Asar., Bar., Bell., Bov., Bry., Camph.,  
Cann., Canth., Chel., Coff., Creos., Croc., Dig., Dros.,  
Dulc., Euphorb., Graph., Hell., Ign., Lach., Magn., Mezer.,  
Par., Phos., Phos-ac., Plumb., Rhod., Ruta, Spig., Spong.,  
Stann., Staph., Zinc.

#### PARTIAL SENSATION OF COLDNESS.

*On the head.* Calc., Merc., Con., Sep., Sulph., Verat., Vit. or

Agar., Ambr., Asar., Bar., Cann., Carbo-v., Chel.,



Dulc., Kali, Lach., Laur., Merc., Nux-v., Phos-ac., Spig.,  
Stann., Staph.

*Partial sensation of coldness in the head.* Acon., Bell., Calc.,  
Chel., Phos., Sep., Verat. or

Ambr., Arn., Ars., Asar., Bar., Cann., Croc., Dulc.,  
Ign., Lach., Laur., Mang., Merc., Mosch., Natr-mur.,  
Phos-ac., Plat., Puls., Spong., Sulph., Valer.

— *in the eyes.* Alum., Asar., Calc., Con., Plat., Thuja. or

Acon., Amm., Asaf., Caust., Croc., Fluor., Graph., Kali,  
Lyc., Par., Phos-ac.

— *on the eyelids.* Asar., Graph., Kali, Phos-ac.

— *on the ears.* Ipec. or

Men., Staph., Verat.

— *on the nose.* Ant-crud. or

Anac., Ign.

— *on the face.* Calc., Cina, Lyc., Phos-ac., Plat., Ran-bulb. or

Acon., Arn., Bar., Camph., Caust., Chin., Ign., Merc.,  
Merc-corr., Mosch., Nux-v., Phos., Ran-scel., Rheum,  
Rhod., Stront.

— *one sided, on face.* Phos-ac.

— *on the lips.* Plat. or

Sep.

— *on the chin.* Plat.

— *on the teeth.* Phos-ac., Rheum, Sep., Spig. or

Alum., Asar., Carbo-v., Dros., Natr., Nit-ac., Petr.,  
Phos.

— *in the mouth.* Verat. or

Asar.

— *in the throat.* Arg., Carbo-v., Caust., Verat. or

Bism., Laur., Men., Mezer., Nitr., Phos., Sulph.

— *on the tongue.* Bell., Laur., Mezer., Verat.

*Partial sensation of coldness in the stomach.* Ars., Caps., Colch., Con., Ipec., Lach., Nitr., Phos., Puls., Sulph. or

Acon., Alum., Amm., Ant-tart., Bar., Bov., Camph., Chel., Chin., Graph., Ign., Laur., Magn., Mezer., Natr-mur., Nit-ac., Nux-v., Phos-ac., Rhus, Sabad., Spig., Spong., Sulph-ac., Verat., Zinc.

— *in the hypochondria.* Natr.

— *in the abdomen.* Ambr., Ars., Camph., Colch., Kali, Mar., Men., Merc., Oleand., Petr., Phos., Phos-ac., Puls., Secale, Sep., Zinc. or

Acon., Alum., Ang., Asaf., Bov., Caust., Chin., Creos., Hell., Laur., Magn., Mezer., Natr., Nux-v., Par., Plumb., Ruta, Sabad., Sarsap., Sulph.

— *on the testicles.* Brom. or  
Merc.

— *in the trachea.* Arg., Ars., Bry., Carbo-v., Rhus, Sulph., Verat. or

Arn., Brom., Camph., Chin., Merc., Mur-ac., Phos.

— *on the throat and neck.* Calc. or  
Phos., Sulph.

— *in the chest.* Apis, Ars., Bry., Calc., Lach., Natr., Natr-mur., Oleand., Par., Sulph., Zinc. or

Alum., Arn., Brom., Camph., Carbo-an., Cic., Graph., Nux-v., Petr., Ran-bulb., Rhus, Ruta, Spig.

— *on the chest.* Calc. or  
Dig., Natr-mur., Par., Ran-bulb.

— *on the shoulder-blades.* Caust., Rhus. or  
Alum., Amm-mur., Aur., Creos., Viol-tr.

— *on the back.* Ars., Bell., Calc., Caust., Cocc., Croc., Hyosc., Mur-ac., Puls., Rhus, Secale, Sep., Spong., Stann. or

Acon., Amm-mur., Ang., Apis, Arn., Asar., Bor., Camph., Canth., Caps., Carbo-v., Chin., Coff., Colch., Con.,

Creos., Dig., Dulc., Guaj., Hell., Hep., Ign., Lach., Laur.,  
Led., Lyc., Men., Mezer., Mosch., Natr-mur., Nux-m.,  
Nux-v., Op., Ran-bulb., Ruta, Sabad., Scill., Sil., Spig.,  
Staph., Stram., Sulph., Verat.

*Partial sensation of coldness on the loins.* (Kreutze.) Bry.,  
Merc., Con., Rhus. or

Canth., Hell., Laur., Lyc., Merc., Puls., Sabad., Sabin.,  
Spong., Stront.

— *on the upper extremities.* Acon., Bry., Caust., Ign., Rhus,  
Secale. or

Ambr., Anac., Bar., Bell., Cann., Chel., Chin., Cic.,  
Cocc., Croc., Dig., Dulc., Euphras., Graph., Hell., Hep.,  
Mang., Men., Mezer., Mosch., Nux-v., Petr., Phos.,  
Phos-ac., Plumb., Puls., Ran-bulb., Ruta, Samb., Scill.,  
Sep., Spig., Staph., Thuja, Verat., Zinc.

— *on the hands.* Acon., Men., Mosch., Spig., Zinc.

— *on the fingers.* Men., Phos-ac. or

Creos., Kali, Merc., Ran-bulb., Spig., Sulph., Thuja.

— *on the finger ends.* Phos-ac.

— *on the lower extremities.* Acon., Ign., Merc., Sabin., Samb.,  
Secale, Sep. or

Agar., Camph., Carbo-v., Caust., Chin., Cic., Hep.,  
Mezer., Natr., Nux-v., Par., Petr., Plumb., Puls., Rhod.,  
Rhus, Spig., Spong.

— *on right lower extremity.* Sabin.

— *on thighs.* Caps., Lyc., Spong. or

Arn., Bell., Hell., Mosch., Oleand., Puls., Ran-bulb.,  
Rhod.

— *on the knees.* Chin., Coloc., Dig., Ign., Men., Phos., Verat.

— *on the legs.* Ars., Puls. or

Ambr., Bar., Bell., Chel., Chin., Creos., Ign., Led., Men.,  
Mosch., Rhod., Rhus, Ruta, Stront., Valer.

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HOMŒOPATHIC PHYSICIAN,  
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HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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“If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine.”—CONSTANTINE HERING.

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EDITORIAL.

ISOPATHY IN THE DOMINANT SCHOOL.—It has been said in previous editorials in this journal that by the slow process of evolution the practitioners of the old school of medicine were certainly approaching the tenets of Homœopathy. A careful scanning of the rich literature in the best journals of the “regular” school will convince any one of the truth of this assertion.

At present much attention is being paid to Isopathy, or as they prefer to call it, “Organopathy.” The essential nature of this practice is not the giving of morbid products to cure disease, but the administration of juices extracted from healthy glands or other tissues to cure diseases occurring in the corresponding glands or tissues.

Dr. Wm. A. Hammond, retired Surgeon-General of the United States Army, has delivered a lecture advocating Organopathy. He reports excellent results from the administration of Cerebrine, extracted from the healthy brain of the sheep in the treatment of neurasthenia, hysteria, paralysis, and insomnia.

Professor C. L. Dana, of New York, has been using extract of the thyroid gland and of the brain tissue as well as rabic virus, and tuberculin in the treatment of paralysis, progressive muscular atrophy, epilepsy, and tubercular tumor of the brain.



Dr. Constantin Paul, of the Charité Hospital, Paris, has been using extract of gray matter of the brain of the sheep for the treatment of simple neurasthenia, neurasthenia with chlorosis, and locomotor ataxia.

Dr. Cullerre, of the lunatic asylum at Roche-sur-Yon, has been using similar substances in the treatment of the insane.

A fuller account than is here given of this new practice can be found in an article in *The New York Medical Times* for October, 1893, page 199.

It would appear from the statements made in the article referred to that there is the usual proportion of success to failure that attends the use of new remedies. Of course, these preparations are administered almost entirely empirically, and so there is nothing surprising in the results.

No suggestion for the testing of these drugs upon the healthy that some idea of their scope and sphere of action could be formed is offered, except by Dr. Hammond, who does make some crude tests of this kind, and reports the symptoms obtained. Unfortunately, these symptoms are not of a character to enable any one to make an intelligent prescription of the substance that has been thus tested upon the healthy, consequently there is no escape from the empirical method of prescribing.

Although this Isopathy or Organopathy is a long way off from the plain, straight, and satisfactory method of the law of similars, still it represents progress. Compare it for a moment with the old methods of bleeding, purging, salivation, and like devices, and it represents an enormous advance. Compared even with the usual tactics now prevalent of massive doses of Quinine and like drugs on so-called rational principles, it is a great advance. We may look forward in the not very distant future to a proposition being made by some prominent light of old medicine for a systematic proving of these substances upon the healthy and the administering of them on the line of the "suggestions" found in the provings. Hence, we may all live to hear of "suggestive medicine" as a thin disguise for practice according to the maxims of Homœopathy, but without the

need of using that hated name, or giving its founder and its votaries the credit due them.

The lesson to be derived from a contemplation of these changes going on in the old school is the inspiration it must give to professed homœopathists to hold with a more tenacious grasp the powerful instrument for good which they now possess in the law of the similars. To the lukewarm brethren in the faith of pure Homœopathy, many of whom read this journal, this lesson is particularly applicable. For them these lines are written, as are most of these editorials which appear in these pages from month to month. To them the appeal is herewith made to look more closely into the new-school principles, to carefully study its *materia medica*, to fearlessly apply the similar remedy, the single proved drug in the minimum dose, and trustfully await the favorable result. To avoid all adjuvant methods of prescribing which are the outgrowth of old-school experience, confident in the expectation that sooner or later they will be abandoned by the old-school originators themselves as they come nearer and nearer our methods of healing the sick.

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## PRINCIPLES INVOLVED IN THE LAW OF CURE.

DR. W. E. LEDYARD, SAN FRANCISCO, CAL.

The writer will in this article attempt to show *what* these principles are, and *how* they may be *helped* or *hindered*.

1. By the *air* we breathe ;
2. By the *clothing* we wear ;
3. By the *houses* we live in ;
4. By the *food* we eat ;
5. By our *mode of life* ;
6. By our *occupation* ;
7. By our *mode of travel* ;
8. By the *medicine* we take, and
9. By the *thousand-and-one nameless little things that go to make up life*.

1. It is a foregone conclusion that *the air we breathe* must be fresh and pure, if we would retain our health.

In the home; traveling daily (as so many do nowadays in going to and from their places of business) by land or water; in the church or public hall—many prefer to have doors and windows tightly closed.

These people consider themselves fortunate in securing a seat in the over-crowded and frequently over-heated saloon of a ferry-boat, where the oxygen of the atmosphere is removed by the first inspiration, and every succeeding breath drawn is vitiated more and more with the poison-laden carbonic acid gas and other effete matters which are constantly being thrown off by many pairs of lungs, and often quite perceptibly by the skin.

They honestly believe this to be the best way to keep what little health they have.

The reason why they prefer the unhealthy atmosphere to the fresh air is easily found in the dread of "taking cold," and thus falling an easy prey to the grippe, pneumonia, "*et hoc genus omne*."

Perhaps you will say: "Is not this a reasonable fear, and are they not in danger of 'taking' one or more of the above diseases, if they are sufficiently indiscreet to expose themselves?"

To which we readily answer, "Yes!"

However, we shall now attempt to show that the danger originated in themselves. By always carefully avoiding every breath of fresh air, wrapping up and coddling themselves, they have become *so susceptible to cold* that the slightest exposure is almost sure to make them very sick, and their *want of recuperative power* is all-sufficient to keep them sick.

Compare, if you please, these people with those who are not afraid of fresh air, and who always avoid the close and poison-laden atmosphere, wherever found.

The latter seldom get sick, and even when they do, their recuperative power is such that they are soon well.

There is, then, a decided difference in these two classes. To explain the reason for this difference, we shall say something about the *recuperative power* to which allusion has been made. We shall refer to this under the name of "vital force."



Every one when created is endued with a certain amount of vital force. In a state of perfect health, all the parts and organs of the body act with such harmony that they would appear to have no existence, so far, at least, as the sensations are concerned.

However, the moment the fell disease asserts himself this harmony is disturbed, the equilibrium is lost, and the departure from health is inaugurated by painful sensations.

The cause of this disturbance, or disease—*i. e.*, want of ease—is the action of the above-mentioned vital force in its efforts to re-establish the lost equilibrium and thus restore health.

To regain health in the quickest manner possible, it is necessary to assist and not to resist the all-important vital force.

If such be the case, then anything and everything that interferes in any way with the action of the vital force should, as far as possible, be avoided.

Any close atmosphere, to a great extent, prevents the action of the vital force—*i. e.*, prevents nature's efforts to restore the lost balance—in other words, to bring about a return to health.

Possibly we can make this point plainer by illustration :

The tree, standing alone in a situation where it is exposed to storms of wind and rain, *sends its roots a little deeper and takes a firmer hold with each fresh blast that sweeps over it*, and thus, by opposing strength to strength, becomes itself all the stronger and firmer.

If it were possible to transplant a full-grown tree from the midst of a forest, where it is surrounded on all sides by other trees, to this exposed site, in all probability the first severe storm would be more than sufficient to lay it in the dust.

Similarly, when one takes an outside seat on a ferry-boat, day after day and week after week, he becomes like the above tree, and the storms of the vital force have full play.

At first there is a slight chilliness, perhaps a cough, possibly a sneeze.

This is the action of the vital force as it resists the threatened evil—the signal of distress calling loudly for help—the danger-flag pronouncing something wrong in the ship—the



alarm-bell ringing out its notes of warning "with no uncertain sound."

How shall we best respond to this urgent call and assist the vital force?

Shall we go within, so that the cough may stop and the chilliness disappear?

We have done so. The cough subsides and also the chilliness, but *the cause is still there*, for, as soon as we re-enter the cool air, the *cough returns and becomes, if anything, more persistent.*

By going inside we have torn down the danger-flag, we have muffled the alarm-bell.

As we re-enter the open air, up goes the flag in the shape of a cough—off goes the muffle as a sneeze.

There is only one opinion possible with regard to the sailor who tears down the danger-flag, and then insists that there is no danger because no flag.

2. *The clothing we wear* may have much to do in helping or hindering the proper action of the *vital force*.

This is the life-giving power by which we, under God, "live, move, and have our being," and it must not be thought of simply in connection with disease.

As a notable example of improper clothing, take *the corset*.

If you wish to prove that the corset is injurious to the health, ask the person who wears it constantly why she does so. She will tell you, without a moment's hesitation, that it is because it is *such a support to the back*.

Now you have the key to the whole situation. The opposite sex, who are not in the habit of wearing the article of apparel which is now calling forth our disapproval, do not complain of want of support to the back.

The spine and muscles of the back constitute the natural supports of the back. When, however, the constricting and paralyzing corset has been worn for a length of time, and has, like the wily serpent, almost squeezed the life out of these parts, the muscles, as a matter of course, lose all power of action, this power having been relegated to the poor, inefficient corset.

Consequently, when the latter is laid aside, even for a short time, the muscles fail to respond, because, through long inaction, they have lost the power to act, and are, to all intents and purposes, as if they did not exist, like the fishes that swim in the dark waters of some subterranean cave, that, having no use for eyes, are born without these, to them, useless organs.

In this connection, it is also well to remember what part clothing is designed to fulfill in our economy.

Its use, then, is principally as a *covering* for the body, to protect it from the injurious effects of heat and cold, to be fashioned in such a manner that each part of the body has perfect freedom of action.

*Tightness of clothing* in any part interferes with the action of the vital force, preventing the free circulation of the life-giving stream, and the proper supply of sensation to the parts.

And this is the great objection to every *mechanical apparatus* for the support of spine, limbs, or other parts.

The latter absolutely deprives the vital force of all power to act, and thus *prevents what it is intended to accomplish*.

We have known a physician to give what he considered the indicated remedy for pleuritic pain in the chest. But, in order "to make assurance doubly sure," he took the precaution to help out his own meagre supply of faith in the remedy by applying a bandage tightly around the chest.

To us, this is a case of "falling to the ground between two stools"—the medicine and the bandage—the latter, like the corset, doing the work in a poor, ineffective way, while the former, like Othello, is left "without an occupation."

Here we may well pause to inquire how often *we*, as well as our patients, *prevent the action of the indicated remedy* by interposing some poor, innocent-looking make-shift, *which certainly removes the distressing symptoms, but does so in a wrong way—i. e., without first removing the cause, which would be the case if the indicated remedy were not interfered with.*

Pessaries, supports of all kinds, local applications, strong scents used about the person, tooth powders, etc., have the same tendency to suppress diseases.

### 3. *The houses we live in.*

"It goes without saying" that these should be favorably situated, clean, sunny, roomy, and well-ventilated.

The rays of light and sunshine should never be carefully excluded from the "best room," nor should heavily-curtained windows be allowed.

Never close doors and windows at the expense of fresh air simply to "keep out the flies."

Accomplish this object by supplying screens to doors and windows.

Carpets should be taken up and thoroughly cleaned at least twice a year.

Beds should be very comfortable—not so luxurious as to be enervating. Feather-beds and too many bed-covers have this effect.

Bed-clothing should be well aired for several hours every day.

If possible, do not sleep in the clothes you wear in the daytime.

Allow no decaying vegetable matter or any harbor for moths to remain upon the premises.

Have your houses beautiful with paintings and decorations of all kind, especially let them be beautiful with holiness—places where the milk of human kindness flows freely—perfect little paradises to which tired husbands may gladly turn their weary steps.

### 4. *The food we eat.*

This is by no means the smallest factor in the solution of the principles we are now studying.

Nothing is more common than to hear of people with whom certain kinds of food appear to disagree. Indeed, so much is this the case that it has called forth the expression: "What's one man's food is another man's poison."

In the face of this very positive assertion of the mighty authority designated "public opinion," we venture to state that *all* food was given to us for our benefit by an all-wise Creator.

When food disagrees, one of two things is usually at fault : *the eater or the thing eaten.*

If the former, it will disagree with that individual only ; if the latter, every one who partakes will be affected.

Nine times out of ten the thing eaten receives the blame, and presumably the only way out of the difficulty is to avoid that particular article of diet.

If the trouble is in the food there is something wrong with it—with that particular article—surely not with every article bearing the same name. Then procure a good specimen of the same, and *if that disagrees, the trouble is in the eater, not in the thing eaten.*

Again, a person sits down to a hearty meal when highly *excited*, much *exhausted*, or very *angry*.

Something on the table, as he supposes, disagrees with him.

The next time that particular article, which, in his opinion, has obtained the unenviable reputation of having kicked up such a rumpus in the inner-man, appears on the festive board, it is forthwith “boycotted,” and studiously avoided, as one of the bug-bears of life.

Of course we can see that in this instance at least *the eater deserves all the blame.*

Excitement, exhaustion, or anger is a poor preparation for digesting one’s food, and will undoubtedly interfere with or even stop digestion at any time, and has caused serious, sometimes fatal, effects.

The mother, who, before recovering from a fit of anger or other emotional disturbance puts the infant to the breast, might as well give the child poison, for it will surely be thrown into convulsions or some equally serious effect will be produced.

The stomach is, as it were, left to itself, unaided by the blood and nerve supplies, which are elsewhere, paying strict attention to the object which has inspired the anger, etc.

The food enters the stomach, which is thus completely unprepared for its reception.

In the attempt to recover from this surprise, something is



bound to give way, and *presto!* a fit of indigestion or some other untoward result.

All this might be avoided by patiently waiting for twenty minutes or half an hour.

There are many persons in whom certain kinds of food are invariably followed by certain painful effects. On this account many *physicians advise such persons to avoid all such articles of diet.*

Let us investigate and endeavor to discover if such advice be good or bad.

The articles alluded to are avoided, and the patient is comparatively free from indigestion, but this is so *only so long as he abstains from the food which had before disagreed with him.*

Such a doubtful expedient he might and often does resort to without the physician's advice.

As the great father of Homœopathy says in the opening words of his never-to-be-forgotten *Organon*, "The first and sole duty of the physician is to restore health to the sick"—not to avoid everything that makes sick, which is merely "begging the question," and altogether avoiding the main issue.

If the eater and not the thing eaten be at fault, then it is the physician's duty to rectify the former by the indicated remedy.

The trouble is usually in the *constitution* of the patient, or it may be in his mode of living, such as a sedentary occupation, excessive mental exertion, anxiety, the abuse of alcoholics or tobacco, excessive indulgence in anything, etc., etc.

#### 5. *Our mode of life.*

We may have acquired very bad habits: eating or drinking hurriedly, partaking of unwholesome food, keeping late hours, lying in bed late, taking too little exercise, etc., etc.

6. *Our occupation* may be sedentary, thus tending to produce indigestion and other complaints, as in the seamstress and in the student.

It may be attended by *heavy lifting*, giving rise to sprains and strains. Excessive mental exertion, as in the great financier; anxiety, as in the case of the mother with a sick child; colic of the painter or plumber, etc.

In all of the above cases the occupation is hindering the action of the vital force.

*Healthy occupations* are such as those of the carpenter, farmer, or gardener, which give one plenty of exercise in the open air.

7. *Our mode of travel* we have briefly alluded to.

8. *The medicine we take.*

It is a "popular fallacy" to suppose that medicine, to cure, must be taken in its crude form, in massive doses, and that it must be possessed of color, a decidedly disagreeable taste, and a smell anything but pleasing to the olfactory nerves.

A drug, when taken into the system as above, must, in the very nature of things, produce its *peculiar* poisonous effect upon the system.

To act as a curative, it must be given in a *potentized* form and to a patient suffering from symptoms *similar* to those which the drug is capable of producing.

Nor is a *local application* of a crude drug in any manner curative but the reverse.

To have a right conception of disease, we must always remember that it *originates within the system*, and that the *eruption*, *ulcer*, or *discharge*, etc., is but the *external manifestation*, the sign, the evidence, if you please, of the internal disease.

This is the way in which our all-wise Maker and Preserver has ordained that we shall be able to recognize and cure diseases.

The ulcer, or other appearance on the skin, combined with all other symptoms, being *the only true guide in the selection of the remedy*, it follows, as a matter of course, that this symptom should be "left severely alone," because a *local* medicinal application, *by removing or changing the appearance or character of this our sole guide, will mar or obliterate the disease picture, and thus render it impossible to make a correct choice of the curative remedy.*

Moreover, the effort of the vital force itself has caused the external manifestation, that the internal disease may be relieved thereby. Therefore, it invariably happens that the general health of the patient is better when the ulcer, eruption, or discharge is fully established.

The external application, by stopping this discharge, for instance, *causes a suppression of the disease*, and the patient again becomes worse until the discharge is re-established.

9. *The thousand-and-one little things.*

Of these we shall only be able to mention two or three.

*Putting pledgets of cotton in the ears* is especially reprehensible, as it is the means of inviting earache and neuralgia by increasing the susceptibility to cold.

It also, in time, injures the sense of hearing, to say nothing of the danger arising from a foreign body impacted in the ear.

We have removed cotton from the interior of the ear, after it had been lying there for weeks, when the skunk would have been as attar of roses to the stench from the pus emanating therefrom—and the danger from meningitis or septicæmia was by no means remote.

For those who work in noisy places, as in the manufacture of boilers, we would strongly recommend a small pledget of cotton to be *loosely* inserted in the ear, on entering the factory, to be removed at once, after leaving the same.

This will prevent the deafness which affects all who are employed in such works.

The deafness arises in this way: The constant vibrations of sound beat against the sensitive tympanic membrane. In the ordinary healthy ear, this might rupture the membrane, but that the vital process, to prevent the possibility of such an occurrence, gradually thickens the membrane, which, of course, causes an ever-increasing deafness.

The cotton prevents the vibrations reaching the drum of the ear, and thus it is preserved in a healthy condition.

Removing ear-wax by means of a hair-pin, a bit of stick, tooth-pick, match end, etc., may cause irreparable injury to the sense of hearing through the same membrane.

Using pins which have been picked up in the street, and which, for all you know to the contrary, may have recently done duty in fastening the bandage over some festering ulcer, putting in the mouth coins which may have lately been handled by one suffering from a loathsome disease, drinking from the

cup which may be used by anybody on train or ferry-boat or at drinking fountain on the street, using other people's hair-brushes or towels, are a few of the ways in which danger may insidiously arise.

We might incidentally allude to chewing gum, which passes from mouth to mouth around the school, and to the dangerous custom of indiscriminate kissing.

Possibly stone-cutters and workers in metal could, to a great extent, prevent the inhalation of particles by wearing a fine gauze veil or some closely-woven material which would freely admit the passage of air while it prevented the admission of the offending particle.

Our motto for all sick people is the same as that printed in large letters on some fragile piece of exquisite workmanship to preserve it from ruthless interference. The motto referred to is "Hands Off!" and we would have all patients who expect to be cured "*cito tuto et jucundo*" thus labeled. The remedy should be allowed to act unobstructed by any impediment of food, dress, mode of life, or aught else; then we may with Moses: "Stand still and see the salvation of the Lord."

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### FURUNCLES.

Arnica. Small very painful boils. A small dose of Sulphur may be given to prevent a return.

The large ones, sometimes with second openings, usually require Hep., Lycop., or Nitric Acid; those with burning pains, Arsenic; the dark bluish-red, Lach.; the scarlet-red, Apis, Bellad., etc. All external treatment with medicinal salves and plasters is not only perfectly useless, but tend to obscure the external indications for the selection of the remedy as illustrated by the above.

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### APOPLEXY.

Apoplexy in the beginning, Aconite (with hard and quick pulse); Opium (with full and slow pulse); Lachesis (with weak and rapid pulse). Of course these are not the only remedies for apoplexy.



## PROVINGS AND CLINICAL OBSERVATIONS WITH HIGH POTENCIES.

M. MACFARLAN, M. D., PHILA., PA.

CHAM.<sup>94M</sup>.

Developed symptoms of extreme fretfulness and crying—an observation made often by other provers.

COFFEA<sup>80M</sup>.

Cured mild hysteria in a young girl. Allays great restlessness of body with mental excitability.

DOLICHOS<sup>2C</sup>.

Cured permanently a violent case of cramps within the abdomen of a girl, who had curvature of spine ; attacks two or three times daily ; the trouble had existed four or five years.

HYOSC.<sup>CM</sup>.

Cured permanently a child, who would sob and cry a great deal at night, in her sleep, without waking.

IODINE<sup>CM</sup>.

Wonderfully curative in marasmus, wasting of children with aphthæ in mouth. Usually prescribed remedies had done no good.

KREOSOTE<sup>CM</sup>.

A highly curative remedy in cholera infantum of children in very hot weather. *Verified often.*

LYCOPodium<sup>45CM</sup>.

Highly curative in sniffles of children—disposition to cold in head. The great remedy for rattling sensation in the chest ; bronchitis. In pneumonia and acute bronchitis of children, and in old persons. A very reliable remedy.

Child with catarrh of chest ; medicine given one-quarter hour, for six hours, she commenced to rub her nose so much

and so violently, and would not stop, that the parents became alarmed at its queer conduct.

Cured a thick small circular scab on side of the nose, the old woman had it three years.

Verified often its curative power in sniffles in children.

#### SULPHUR<sup>CM</sup>.

Vomiting with partial unconsciousness and dry heat of body. Highly curative remedy in a supposed hydrocephalic condition. The child lies stupid, dull.

#### SULPHURIC-ACID<sup>5C</sup>.

Acted like magic in curing a stubborn case of bronchitis in a young child; the other symptoms of the remedy present.

#### LARYNX.

##### ARSENIC<sup>6M</sup>.

Oppressed and irregular breathing.

##### AMMON-CARB.<sup>5C</sup>.

Dry teasing cough at first; loose cough after two days.

##### ARNICA<sup>6C</sup>.

Highly curative in hard, dry, tight cough.

##### ARUM<sup>16M</sup>.

For one day and a half during the proving a distressing hacking cough. This gradually improved after stopping the medicine.

Hoarseness usually quickly cured.

##### BAPTIS.<sup>6M</sup>.

The *box of the larynx* is very sensitive to touch, sore to swallow or speak; disposition to clear the throat or swallow saliva.

##### BURSA.<sup>2M</sup>.

Hoarseness mostly in the morning.

CAUST.<sup>30M</sup>.

Symptoms of a bad cold, severe cough, constant discharge from the nose. The cough was so severe as to rack and cause soreness in chest and abdomen.

CIMICIFUGA-RAC.<sup>95M</sup>.

Coughs mostly at night; cough only slightly troublesome.

CONIUM<sup>3M</sup>.

Troublesome teasing little cough, preventing sleep; annoying tickling sensation in the glottis.

CINA<sup>12C</sup>.

Very curative in the spasmodic coughs of children, occurring mostly when lying down and at night.

DIGITALIS<sup>CM</sup>.

Troublesome choking sensation with cough; mostly at night, and on physical exertion.

EUPAT-PERF.<sup>CM</sup>.

Hoarse, loses his voice often.

Coughs a good deal, short and dry efforts.

*Hoarseness*, greatest in morning when he arises, like *Caust*.

FLUORIC-ACID<sup>45M</sup>.

Hacking cough.

GINSENG<sup>46M</sup>.

Hiccoughs trouble him much during the proving; never affected so before.

GELSEM.<sup>CM</sup>.

Coughs much during the night.

GANJACUM<sup>5C</sup>.

Slight dry cough.

HEPAR-SULPH.<sup>CM</sup>.

Did little or no good in croup where Spong. helped quickly.

IPECAC.<sup>25M</sup>.

Coughs violently, aversion to food.

IODIDE OF POTASSIUM<sup>CM</sup>.

Surprising increase in weight after taking the remedy for several weeks; frequent choking sensation in his larynx; loss of voice to a slight extent.

Larynx very sore; gums and mouth sensitive; eating makes mucous surface of mouth sensitive.

LACH.<sup>CM</sup>.

Severe gasping at the larynx; a feeling of suffocation; thought she was dying. Cured complete loss of voice, existing for many days.

The laryngeal symptoms of Lach. are the first to be developed and most marked.

LACTUCA-VIROS<sup>5C</sup>.

Talking produces a vocal sensation in chest.

LAUROCERASUS<sup>CM</sup>.

Highly curative in loose cough; expectorations profuse and dotted with small points of blood.

Its action is very marked in the later stages of pulmonary consumption.

MEPHITIS<sup>1M</sup>.

Cured a very bad hoarse, hollow cough.

NUX-VOM.<sup>94M</sup>.

Tickling, teasing cough, of a slight kind, but persistent.

PHOSPH.<sup>CM</sup>.

Exhausted, hollow cough, with great soreness in larynx.

PLANTAGO-MIN.<sup>11C</sup>.

She is at times so overcome that she thinks she would choke



and die—the language of the prover. She thinks she cannot get enough air.

PETROL.<sup>CM</sup>.

Cured bad, loose, chronic coughs in many cases—generally helps consumptives for a while.

PHYTOLLACCA<sup>47M</sup>.

Tight dry cough with pain through her chest from middle of sternum. Whenever she lays her head down cough commences. Pains her greatly. Coughs much at night. Nausea. Muscular pains affecting the extremities attend these symptoms.

RUMEX<sup>45M</sup>.

Caused a constant dry cough to be loose, and although chronic, almost cured it in a week. Generally helps the cough of consumptives. Short dry hack is the usual indication.

SULPH-ACID.

Tight dry cough. Not a prominent symptom.

SPONGIA<sup>CM</sup>.

After making comparative tests of Ipecac—Tartar-emetic, Iodine, Hepar, Sulphur—through a course of years, I have found Spongia to be the best remedy in croup; Aconite should be given often in the first stages.

TARAXACUM<sup>67M</sup>.

Coughing aggravated by eating.

TRITICUM<sup>5C</sup>.

Constant coughing ; hoarse ; raises tough phlegm ; sneezing ; prominent symptoms.

TRIFOLIUM-PRETENS<sup>10M</sup>.

In the morning when she awoke had not a particle of voice ; this symptom always comes on at night ; voice gone ; not hoarse ; has a desire to clear the throat ; seems to have lost the physical power to exert herself to be heard.

TOBACCO<sup>7M</sup>.

Highly curative in that symptom often met with—scraping, noisy clearing of the throat, grunting before beginning a sentence as if to drive away mucus.

UVA-URSA<sup>10M</sup>.

Symptoms of a severe cold ; throat tickles ; feels like coughing constantly. COUGH a prominent symptom.

VERBASCUM<sup>45M</sup>.

Troublesome cough.

ZINC-SULPH<sup>5C</sup>.

Spasmodic coughs, worst at night.

## CHEST.

ALETRIS<sup>45M</sup>.

Raises much mucus ; she desires to cough, but is afraid because it pains.

ARSENIC<sup>6M</sup>.

Great difficulty in breathing, like asthma.

AGARIC<sup>2M</sup>.

Soreness within the chest on either side of the sternum ; hurts or weakens her to speak or breathe deeply.

APOCYNUM<sup>6M</sup>.

Pulse very slow.

## ARGENT-NIT.

Produced severe symptoms of angina pectoris ; great difficulty of breathing, choking, etc. ; pains about the heart. Very prominent symptoms.

ARSENIC<sup>6M</sup>.

Sensation of pressure in upper part of both lungs. Feels as if she might smother from this cause.

ARUM.<sup>16M</sup>.

Soreness within the chest.

Pain under left short ribs.

BORAX<sup>3M</sup>.

Soreness all over the muscles of his chest; worse about the middle of the sternum.

BURSA.<sup>9</sup>.

Sighing respiration.

ANTIMONY<sup>6M</sup>.

Did no good in severe cases of infantile catarrh. Lyc. helped the cases immediately; true also of adults where Antimony had been used. Cepa has often helped children in such cases.

CORNUS-FLORID.<sup>45M</sup>.

Sighs very often.

CUPRUM-ACET.<sup>45M</sup>.

Feels as if there was a *load at the apex of both lungs*.

DOLICHOS<sup>2C</sup>.

Sharp pain through the upper portion of both lungs.

DORYPHORA<sup>45M</sup>.

Soreness and oppression of the chest with sore throat.

EUPAT.<sup>CM</sup>.

Pain through the right nipple when he takes a deep breath.

Oppression at the middle of the sternum; feels as if something was pressing against his heart. Hurts her to take a full breath. Chest oppressed

Oppression of chest very great.

EUPION<sup>45M</sup>.

Pains under both short ribs.

FORMICA<sup>45M</sup>.

Felt as if she would smother; cough very severe; violent straining sensation in coughing, as if the mucus would choke her; free expectoration.

FERRUM-MET.<sup>80M</sup>.

Stopped a daily spitting of blood and disposition to hemorrhage in a consumptive.

GINSENG<sup>46M</sup>.

Sneezing, cold in chest, sharp pain in his lungs, caused hoarseness with coughing.

GETTYSBURG SPRING WATER<sup>45M</sup>.

Considerable soreness of muscles in upper left chest; great soreness on breathing.

HELLEBORE<sup>CM</sup>.

Muscular pain under left nipple, some general muscular soreness over the whole body.

IRIS<sup>CM</sup>.

Severe *cramps* or spasms from middle of sternum to pit of stomach with repeated *vomitings*.

KALI-CARB.<sup>24M</sup>.

Shooting pains within his chest like pleurisy.

KAOLIN<sup>45M</sup>.

Muscular soreness at apex of both lungs, with some lung pain.

Remarkable in relieving great soreness of lungs from cold; breathing very painful.

The symptoms had lasted some days and relief was rapid.

KALI-HYD.<sup>CM</sup>.

Had to rise from bed, thinking he would be smothered.

Pains through both lungs, feels tired and weak, fluttering sensation at heart and very nervous.



Sharp pains through the right lung from the nipple backward ; general distressed feeling within the chest.

LACTUCA-VIROS.<sup>5C</sup>.

Sudden sharp pains affect his lungs, walls of his chest front and back sore.

Soreness in lungs, which seem sensitive, on deep breathing.

LILIUM-TIG.<sup>45M</sup>.

Smothering sensation in chest. No pain ; a spasmodic or nervous sensation.

LACH.<sup>CM</sup>.

Caused suffocative sensation, distress referable mostly on either side of middle of sternum.

LYCOPODIUM<sup>45M</sup>.

Given every two hours for a week ; caused great pain in the left side of the chest ; could breathe only with the greatest pain and difficulty.

A most reliable and curative remedy in pneumonia, of children particularly.

Wonderful in relieving the distress with shortness of breath of pneumonia, when *Nitrum*, *Phosphorus*, and other remedies did no good.

NITRUM<sup>5C</sup>.

Arrested quickly the most severe attack of asthma. This observation, made twenty years ago, has been verified scores of times.

NUX-VOM.<sup>Θ</sup>.

Produced great sneezing ; gaping frequently, as if sleepy.

PLANTAGO-MIN.<sup>11C</sup>.

Short-breathed, spasmodic symptom.

Choking sensation as if from grief.

PULSATILLA<sup>CM</sup>.

Pains within the chest at both nipples ; slight cough ; giddiness ; loss of appetite.

· PHOSPH.<sup>CM</sup>.

Pains down middle of sternum to epigastrium.

PSORIN.<sup>42M</sup>.

Soreness to the touch below the middle of the sternum ; troubled greatly with wind ; breathing oppressed as if from wind.

PIX-LIQUIDA<sup>5C</sup>.

Raised stringy mucus with bright-red blood ; cough constant.

MERC-VIV.<sup>101M</sup>.

Soreness within from the larynx to the ensiform cartilage ; felt mostly on swallowing, which is very painful. No soreness on deep breathing.

SERPENTARIA<sup>5C</sup>.

Symptoms of cold in chest with cough.

SAPO-SODA<sup>2C</sup>.

Sensation of cold in chest, which feels sore and bruised ; pains her to cough ; coughs a good deal ; feeling of tightness in middle of sternum.

SARRACENIA<sup>2M</sup>.

Sharp pain right through the right lung to his back, commencing three inches below right nipple, and running directly backward to the scapula.

## POTENTIATION PHYSIOLOGICALLY PROVEN.

PROF. DR. GUSTAV JAEGER, STUTTGART, GERMANY.

[Translated by B. Fincke, M. D. Continued from page 488.]

## VI.—DEDUCTIONS AND CONSIDERATIONS.

At the close of the foregoing chapter the *subjective* consequences have been drawn from chapter V, but the matter must still be discussed particularly.

1. Toward the *objective* side I would like to render the following points conspicuous :

(a.) Whoever proves medicines only on the *sick*, does not realize what he is doing, for when he sees effects he cannot judge whether the medicine itself and directly has called out the symptoms, or whether they are the sequel of the liberation of the disease-matter, and even if he can do that, he does not know at all, whether the liberation of the disease-matter was owing to his medicamentous interference or whether it is only a *post hoc*. If, however, we can with certainty each time call out a phenomenon on the healthy which he does not show before and after the cessation of the action, then we know quite distinctly that it was the medicine which had acted. This gives an infallible objective insight into the action of the medicine. (See, also sub. 1 below.)

(b.) It would be a very naïve conception of the healing action of medicines if one would believe that they act in the body only by their *presence* upon the disease like a bug-bear or a scarecrow—that from sheer terror of the simile or ison it takes to flight. The medicine, if it is to act, must make its appearance *active, moving*. For this purpose it has exclusively two powers at its command, the *chemical affinity* or the *physical motor-energy*; a third rational and plausible does not exist.

(c.) It is doubtless that there are medicine-substances which act by their *chemical affinity*, and I know such from quite exact and extensive proving on myself and others. There is, *e. g.*, the group of the *odorants*, which destroy high atomic organic substances under the pressure of Oxygen and change them into low atomic ones. The most powerful in this relation are *Camphor* and the mixture of ethereal substances and Acetic Ether called *Ozogen* used as atmospheric purifier. But here the *chemical action* is in direct ratio to the *mass* and decreases with it. If, therefore, we want to have this chemical action, we must *not* attenuate, and if it is done, nevertheless, it is no potentiation of the action, but a weakening. The *chemical action follows the allopathic principle: much helps much and little little*.

(d.) On the other hand, there is another group of substances, with *pronounced healing actions* of which nobody will maintain that they act chemically, for the reason that they do not

decompose themselves. To this class belongs as a type the *Sulphuric Ether* at present so much employed as injection by the allopaths, then *Moschus*, formerly so much used as a resuscitating remedy, in general a whole series of substances the most striking common property of which is their *volatility* (champagne, all alcoholics, in short, all so-called restoratives, belong to this class). They produce their healing action only by their motor-energy, their *volatility*.

(e.) In homœopathic circles it is frequently maintained that the efficacy of homœopathic medicines depends upon their *fine distribution*, the large superficial development. A perfectly indistinct conception lies at the bottom of this assertion. It is only correct as long as we have to deal with *solid visible* parts as with a powder, but as soon as the substance is *dissolved* in a fluid, it is decomposed in its *last* constituent parts, the *molecules*, hence all the *surfaces* which it possesses are perfectly liberated and developed, and no power of the world can do anything more, except the molecules are exploded into their atoms, but then the substance as such has disappeared. Therefore, if the efficacy of the medicine-substances consisted in this, the potentiation of the solutions had not only no sense, but the contrary would have to ensue: decrease of action, since with the attenuation the number of the molecules, therefore, the sum of the efficacious surface decreases. Hence this theory of potentiation is nonsense.

(f.) Others have the conception that the power of the *succussions* communicates itself to the medicine-substance. This is *a priori* impossible. First of all indeed these succussions are not without efficacy, but the effect is merely a *heating* of the shaken fluid. This, heat, however, simply escapes again, because it is conductive heat (*Leitwärme*) if nothing is done to prevent it, and this is the case when simultaneously with the succussion an attenuation of a substance, dissolved in it, is connected. In order to prove this, I have carefully made the same succussions with the same Alcohol without simultaneous attenuation as in potentiation, and proved these succussed fluids neuro-analytically; when I waited till the heating had again disappeared, the neuro-analytical effect never surpassed the limit of error. The



reversed experiment, viz., the *attenuation without succussions* and its result is already described on page 30 of my "Neural-Analyse," this is the counter-proof. If the *attenuation* is made without *succussion*, a change occurs similar to potentiation; only such an *unshaken* potency corresponds in relation to its animating effect only to one, perhaps half as high (an *unshaken* 30th potency at that time corresponded to a shaken 15th potency). This, however, proves only, that without shaking the potentiation is imperfect, because the layer of fluid adhering to the walls of the vial from the foregoing potency does not mix so rapidly with the newly added Alcohol that in the next pouring out it is gone—*i. e.*, perfectly mixed.

(g.) Dr. Goullon has somewhere said that the potencies of *Jenichen* shaken with his athletic arms have acted stronger because he could shake them stronger. If this fact is true, I judge about it differently on the ground of my rich experience with *Anthropine*; the *anthropine* of an athlete possesses the potency of an athlete and the medicine-potencies which such a man prepares, contain always his *anthropine* and to the action of the potentiated medicine associates itself the action of *Athleto-anthropine*. Therefore, the matter is this: Whoever denies that with the so-called potentiation an increase of power of the medicinal action intended by *Homœopathy* takes place, we have here nothing to do, but he who admits it will be unable to hold fast to any other explanation than that which I have given, for the others so far known to me, do not stand the test of experiment.

(h.) Let us take the matter up once more from the beginning. I have said: a medicine can act only in two ways: either by its chemical affinity or by the motor-energy of its molecules. If, now, substances like granite, gold, kitchen salt, etc., which are chemically quite indifferent, and otherwise possess no volatility *per se*, shall be made into a medicine, motor-energy must be imparted to it, otherwise they are physiological, and, with it, therapeutical nothings. Now, it is quite true that with the transference of a substance in a fluid or dissolved form, a motion of its molecules begins, and it can now be physiologically effica-

cious (*corpora non agunt nisi soluta*), but the *measure of its action* stands on two points: (a.) On its specific motor-rhythm and its proportion to that of the substances of the body; (b.) On the intensity of this motion. Of these two things, the substance has the first *per se*, and nothing is to be done or changed in that respect. But it is clear, if we succeed to induce a change of the second, the intended medicine-action must increase in energy and velocity. Now, *Hahnemann* has perceived that this is done by the *attenuation method*, and all have found the same who proved the matter earnestly. Experience teaches the same in regard to the refining of the alcoholic beverages by storage, and there is no clearer proof of it than the involuntary spasms which finally appear when sufficiently sensible persons operate with sufficiently high attenuations. To this must be added, what I want here to remark merely as an appendix: on using highest potencies, sensible persons experience a remarkable excitement, which is not only felt by the persons themselves—an utterance which I frequently heard of others, and which corresponds also entirely with my sensation, is, “it is as if I would like to strike everything to pieces”—but also the people around perceive it in the change of behavior of the prover in his heightened irritability. This excitement often lasts the whole day.

(i.) We now must dedicate a special consideration to the twitchings in different directions. Factors which liberate vital motions are called *vital stimuli*. The general law is that, with increasing strength of the vital stimuli, their effects increase, and that twitchings, and even cramps, belong to the effects which are obtained by vital stimuli only at a higher irritability. Therefore, if I change a vital stimulus, which in original form produces no twitchings, in such a manner that it produces them, and that it finally calls out cramps of almost all the muscles, I have augmented the strength of its irritation, and this is done also when the production of these maximal effects does not succeed with all individuals. Hence, the potentiation—*i. e.*, the attenuation of a substance—is an augmentation of its irritating strength, and in a medicine it is an increase of the medicine-action. Nobody will contend, I trust, that a medicine cannot

act otherwise than physiologically, and if I am able to increase its *physiological action upon the healthy*, I gain with it also an *increased action upon the sick*.

(k.) The fact that high potencies can produce twitchings and spasms calls forth its comparison with *electricity*, which produces this phenomenon in especially high degree. That *electricity* is a *healing factor*, Homœopathy does not dispute, and this capability it owes to its power of liberating motion. If, now, high potencies possess also this capability, it is, as such, quite independent of it, a healing factor like electricity whether it be a *simile* or not. It is, however, a better one, and for this reason: Electricity acts fully only upon the *conducting* tissues (muscle and nerve); the badly conducting tissues it can influence much less, but the high potency does not depend upon the *conduction*, but upon the *diffusion* which carries it to the badly-conducting tissues as easily as to the well-conducting, it therefore *acts more universally*.

When a homœopathic physician gives all his medicines in high potency, therefore, in a form in which *every* medicine-substance has similar, even universally-acting motorial properties as Electricity, he acts with every substance whether it is the *simile* or not, as it were electrically, therefore also therapeutically. On the contrary, he who operates with low potencies, which do not have this general electrical action independent of the quality of the substance, has accomplished nothing if he has not hit upon the *simile*. Or will anybody maintain that in the numerous medicine-substances which I have proved on myself, and from every one of which I experienced the spasmodic actions, the concerning one has always been my *simile*?

In the first place, on the whole, I was not sick; secondly, in the comparative measurement of the neutral salts, I have not measured them in alternation, but I have each time on one day measured about 6–7 *different* substances in the same potency, hence, they all together could not have been my *Similia*. If the word “Electro-Homœopathy” were not abused, for the label of secret remedies, and therefore, made impossible for scientific investigations, I would like to apply it to the Homœopathy which



works with high potencies, because this *always*—even if it misses the *simile*—acts similarly upon the sick as with an electric current; or, to make another comparison, as with a *volatile animating remedy*. Moreover, I do not want to be misunderstood, I do not want to be known as falling into the opposite error of neglecting the Law of the Similars. What I say, is that *both* fundamental laws are of equal correctness and *equal* importance, and that the use of the low potencies is a fundamental fault which could not have been made, if either one had been perfectly clear on the point what properties a substance must have in order to act physiologically and therapeutically, or if one had applied correspondingly the proving on the healthy upon potentiation, or if they had held fast what *Hahnemann* had taught about potentiation. The use of the low potencies is an apostasy from Hahnemann.

(*l.*) Toward another side these medicine-cramps afford clearness. I have already said (sub. *a*) why we cannot obtain clearness in experimenting on the sick, this must be taken up again. The twitchings high potencies can produce in the healthy cease on inhalation already within the *first* minute after cessation of the inhalation. If the medicine had been swallowed, they last somewhat longer, as seen in Table I, but never even as long as 15 minutes. This shows clearly that the *power*, or better, the velocity of motion which the molecules of the substance have obtained by attenuating, soon decreases after the ingestion, and an equilibrium succeeds in which the medicine acts no more as a stimulus. From this it appears: when striking processes are observed on the *sick* and on the healthy hours and days after taking the medicine, these stand to the medicine-action only in an *indirect* relation. The medicine can do nothing else with its “potency” than call forth in the tissue a kind of shock with a shortly lasting molecular *concussion* (which, of course, it will do best and most certain, if in the tissue resides its *ison* or *simile*). When this, its main mission is evidently accomplished; it takes leave, and what may happen afterward, is only the *consequence* of this concussion of the tissues. If this is sufficient, phenomena will appear which, on the sick,



we have to call *crises*, healing crises. But these are directly nothing else than poisoning symptoms, called forth by the *disease poisons*, set free in consequence of the decumulation (*Entspeicherung*). It seems to me, however, as if with many homœopathic physicians the idea had taken firm hold that these were after-actions which had to be placed to the account of a remainder of medicine-substance in the body, as if this in a measure once more revived and aroused itself to an after-action. I have formerly often heard and read such utterances, but in vain tried to obtain a conception of it how that could be possible. Now here I have obtained full light, the concussion by the medicine can lead immediately to a crisis, but it can, also, in many ways tarry, because the properly expelling factor is the vital energy of the tissue. If this by the first shock has gained a small surplus, it will indeed turn the scale in its favor, but for an extensive success, even amounting to an actual healing crisis the gained surplus must have a distinct magnitude, which is only gained *step by step*, and can be gained when the first success is utilized. The assertion of many high potentialists that a single dose of medicine could be sufficient to induce an after-action, lasting through months with final healing, contains, therefore, for me throughout nothing improbable; the more powerful the first concussion had been the more certain that first turning point is reached which enables the physician to leave the process to itself, or, in better words, to the vital energy of the tissues of the patients, which increases with every shock.

(2) Now in conclusion, something on the *demonstrative* side of the medicine-cramps of the high potencies.

(a.) Here I call to mind the excitement which the words of the Prussian Cultusminister produced, when in the House of Representatives he pointed out that Homœopathy could not prove the efficaciousness of its remedies as allopathy; thereupon, everybody called for hospitals in order to furnish the proof. I say, the proof can and shall never be furnished because it can never be proved whether it was the medicine which healed the patient. The allopath can demonstrate on the healthy to everybody the efficaciousness of his medicines, for if he gives him an

emetic he vomits, if a laxative he produces diarrhœa, if chloral sleep, and if antipyrin perspiration. To these palpable proofs of the medicine-action on the healthy on the *allopathic* side, the *homœopath*, who works with low potencies, can oppose nothing. The high potentialist on the contrary can take up the contest on the healthy by the fact that he can produce upon him twitchings, and even actual spasms. This is an inestimable argument.

“You would be right in this respect if the highest potencies would always and on everybody produce at least twitchings. But this is not the case as you say yourself.”

When an allopath makes this objection to me I ask him quietly whether he could maintain that—*e. g.*, one and the same emetic in one and the same dose in *all* individuals produces vomiting; Chloral, with all of them, sleep; Opium, with all of them, constipation, etc.? He will admit that this is not the case. Well, what is sauce for the goose is sauce for the gander. The reader knows the joke about swallowing the whole homœopathic pocket-case. I have not proved it myself, but know that if it can be done at all, this would be only allowable with low potencies. The late Professor v. Rapp has told me that he tortured such a braggard with high potencies so much that he struck sail and declared himself vanquished.

Homœopathy complains of the oppressed situation in our country. It cannot complain if it allows the weapons to rust idly which it possesses in order to conquer a position, and such a weapon is the high potency, and if, instead of using it, it tries to insinuate itself into the favor of the ruling school with low potencies. He who does not swing the hammer is and remains the anvil. There is no third in life.

(b.) They complain that it is so difficult among young medical men to enlist adherence to Homœopathy in order to secure a sufficient increase of regularly educated physicians. Here is a case in point: A young homœopathic physician who, in the beginning, found it very hard to play the eccentric and apostate among his comrades, and to put himself in the little enviable position of a heretic and rebel, studied Homœopathy at an office where they thought potentiation might be neglected. When

the young physician was not satisfied with his success, he made several times the following experiment: when he had a case in which a favorable termination could with certainty be assured, owing to the state of strength, he gave one time the *Simile* indicated according to the books, the other time a substance the indication of which was as much as possible the contrary, as inappropriate as possible, and lo! the cure followed in the last case just as promptly and completely as after the careful selection of the *Simile*, and of course would have ensued if nothing had been given. Is it a wonder that this young man all at once mistrusted the whole of Homœopathy? As long as the homœopaths of Germany believe in diminishing the contrast between them and the allopaths, and increasing the adherence to Homœopathy among physicians by sacrificing the principle of potentiation, the effect will be the *direct contrary*. Only by means of high potencies the physiological action of which can be proved on the healthy, and which on the sick give lightning-like success, it can make propaganda successfully among the medical younger generation. Critical heads cannot be conquered by low potencies because they offer nothing palpable.

“Very well! But I must remind you again that the actions of the high potencies not always and not in all persons appear palpable—*i. e.*, as twitchings, and that just for this reason, we cannot convince everybody.”

It is not at all necessary, on the contrary: Homœopathy requires physicians who are constituted so finely that they know how to calculate finenesses and how to use them. The allopaths may keep those who cannot do that, and the homœopaths may be saved from such physicians, who are good for nothing than for mechanics (surgeons). By this I will, however, not have said that they have passed amendment: if they lay aside their skepticism, if with earnestness they will lay their hands on, then with the practice also their physical impotence will disappear, as I have already formerly pointed out. On the dry wood indeed we shall not live to see much, but we expect something from the green.



## HOMCEOPATHY IN ANIMALS.

### DR. REED'S PAPER "HOMCEOPATHY IN FAITHLESS ANIMALS."

(Extract from Proceedings I. H. A.)

#### DISCUSSION.

Dr. Randall—I should say that this was a clear case of animal magnetism. Animals do have faith in their master. And then animals very generally get well without medicinal interference. Sometimes it looks as if medicine did something, and yet, how can we be sure about it? I had a horse that went lame. The lameness grew worse until I gave the animal Rhus-tox. in about the third decimal, and he got well. This seemed an effect of the medicine.

Dr. Reed—There was a necessity for a repetition in this case that I reported. Certainly the remedy did the work, the horse is well to-day. I did not expect one powder to cure the horse, Rhus being a short-acting remedy.

Dr. Hoyne—On the contrary, I think that Rhus is a long-acting remedy. The man who has been poisoned with Rhus-tox. often has symptoms which last seven or eight years or even longer. Dr. Allen treated a case some years ago, where the man had been poisoned fourteen or fifteen years before, and every year about the same time, the symptoms returned. Neihard, who made provings of Rhus, says that for seven years afterward he experienced, every summer, a return of Rhus symptoms.

Dr. Reed—That is undoubtedly true, but in the administration of Rhus in a diseased state, it acts briefly. I have never been able to cure a chronic case of rheumatism with a single dose of Rhus.

Dr. H. C. Allen—When you repeated the remedy why did you not change the potency?

Dr. Reed—We were doing well under the one potency and I did not change it on that account.

Dr. H. C. Allen—I want to report two cases. One was what



they call azoturia in horses. The case was attended by a veterinary surgeon who lives a few blocks from me. He is a Harvard graduate, an intelligent man, and a first-class diagnostician. The usual course in such cases is to shoot the animal, as it is considered an incurable disease. As this horse was a very valuable one I went to see if I could do anything for it. I looked over the case pretty carefully with him and gave a dose of *Con.*<sup>cm</sup>, and greatly to the astonishment of the doctor, cured the horse. Since that time he has relieved a number of cases with *Conium* and other remedies. The second case which I wish to report is a case of pneumonia in a very valuable animal. I was called on one morning by the veterinary surgeon to consult with him over this horse. The animal had been sick some days and had fallen from weakness, and the veterinary thought the horse would die before night. Two or three symptoms called my attention to *Phosphorus*. I gave one dose *Phos.*<sup>1m</sup>, about nine A. M. Before noon the horse was better, but by evening grew worse again, and fell in the stall unable to rise. I gave another powder of *Phos.*<sup>cm</sup>. Next morning the surgeon reported that the horse was so much better that he was standing up eating. These two cures converted this intelligent surgeon to Homœopathy and he became a matriculant of the Hering College.

Dr. F. O. Pease—Not long after purchasing a horse I discovered that when driving at all fast, he would begin to jerk his head in such a way as would make one imagine that mud or sand was being thrown into his eyes. Two weeks after he had another attack while driving him on a street not at all muddy. He stopped, jerked his head, and I thought was a little unsteady on his feet. Such attacks came on every seven to twelve days. I consulted a veterinary who said it was blind staggers, and the best thing I could do was to sell the animal, as they were never cured. I gave *Nux-vomica*, and after *Belladonna* without benefit. Finally I consulted Dr. Butler, who wrote to me that he thought *Iodine* was the remedy, but by that time I had noticed that the attacks were not apt to come on after a hot day, and that there was a wave-like motion traveling from head to tail. I concluded to give him *Glonoinum*. He had one

severe fit the next day, and has never had any since. From that time his coat, which had been dull, brightened up.

Dr. H. P. Holmes—This discussion calls up several questions in my mind. There is a point I want to emphasize. When a physician reports a case successfully treated, it seems to me an ungrateful thing to ask him why he did not do it some other way. Nor is it quite *apropos* to explain it away, and say the remedy had nothing to do with the cure. The subject we are discussing is the cure of disease in animals who can have no faith, and such cures should be fully reported, for they will have a better effect upon the general public, and upon that part of the profession who do not believe in the high potencies than any other kind of cases. I think most of us have noticed that there is, in some of our most intelligent families, a strong tendency toward the faith cure and toward Christian science which I wish they did not have. One family which I had succeeded in getting away from the old school, began to exhibit a strong drift toward Christian science. I accordingly was anxiously awaiting for an opportunity of showing them that Homœopathy was not all faith.

One of a very fine team of horses belonging to them was taken sick. While I was visiting them the husband asked me if I would object to prescribing for their horse.

The symptoms called for Aconite, and in twenty-four hours he was all right, and that was just the argument I was hoping for to prove my point.

Dr. C. H. Day—It seems to me that the dumb animals do have faith in their masters, a great deal more than our most intelligent people.

Dr. Adams—That might lead to a long discussion as to what is faith, but we will not go into that now. The family dog who had had pups was suffering fearfully from irritation of the genital organs. The owner begged that I would do something for it. As a great favor, I went to see the animal and prescribed Kali-carb.<sup>cm</sup>, which relieved the whole trouble in a few hours. Some months after, all of his dogs were taken sick with influenza, and in this case Arsenicum<sup>cm</sup> cured them. The Kali-carb.

was prescribed on account of the discharge and the relief from pressure.

Dr. A. R. Morgan—I remember some years ago making a cure on an ox. I wanted to borrow a yoke of oxen to do some work, and I went to see this man who owned the oxen, and who, by the way, was a strong homœopath. He said he would be glad to loan me them, but one of them was very sick. I went out to see the animals. I found one of them a splendid-looking animal, but the other was rather Gothic in his architecture—hair sticking out in every direction, and the yard in which he stood showed every evidence of diarrhœa. It had been under the care of a veterinary. I had never treated an ox, but I said if that was a man I would give him Arsenicum. The stools were thin, offensive, and watery, and occurred particularly after eating.

At that time the highest remedy I carried was the 30th. I gave him a dose, and said, laughingly, I guess he is all right now. Two days after, the man came to my house and said that the ox was much better. He wanted more medicine. The ox did recover shortly, and I used him to do my work.

Dr. J. H. Allen—I have had a little experience with chicken cholera. The chickens were dying, one an hour. The most marked symptoms were great thirst and diarrhœa. I put a powder of Arsenicum in the water and saved all of them, except the dead ones.

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## SIFTINGS SAVED.

I. DEVER, M. D., CLINTON, N. Y.

Much has been said and written in the last twenty years about the necessity of sifting the homœopathic materia medica—the supposed necessary operation having for its object the separation of what those would-be sifters regard as important or characteristic symptoms from those of but little or no importance.

A second sober thought is hardly necessary to impress the



earnest, careful student of materia medica with the herculean nature of such an undertaking, proposed by a class of superficial-thinking men, whose opinions fall far below the dignity of just criticism.

We have often heard them say "the homœopathic materia medica is too complicated, and should be simplified by expunging the less-important symptoms." They would lay the axe at the very root of the science, and destroy that which they fail to comprehend; for what homœopathic prescriber does not know that the expunging of one single symptom from the written record of a remedy would invalidate the truth of the record and destroy the value of the symptom, which can only be thoroughly known by the physician after he has verified it by prescribing it and with it curing the sick. I have always been curious to know what particular class of symptoms our would-be pruners of the homœopathic materia medica would be willing to lop off as worthless boughs or winnow out as useless chaff.

How this purification is to be brought about is a question worthy our consideration, as they would certainly not attempt a reproving of all of our well-proven remedies. Such provings, if instituted and carried out in good faith, would, under the same circumstances, be a verification of the truth of the *Materia Medica Pura*, for they would repeat themselves as often as such provings should be instituted in the spirit of truth. Now I have it! I think they had better appoint a committee who shall tell us just what symptoms are to be regarded as chaff and which as wheat, and that will settle the question, just as the question of potency has been settled in the minds of those who cannot find any results from a potency higher than the twelfth. But, as there are none so blind as those who will not see, we will still have to be numbered with those who cannot see it in that light; consequently, we are left to grovel after siftings with which to cure our patients. Now, as we have a hankering after siftings, we will present two or three cases cured by symptoms which would never have found a place in the homœopathic materia medica were the provings made with less care and patient painstaking following of the directions to be found in relation to



proving the medicines on the healthy. (See Hahnemann's *Organon*.)

The first case which I will here present was that of a man fifty years old, who had many bad habits not supposed to have been taught him in Sunday-school. On his fiftieth birthday, which was in February, he went to Utica, and, as bad company is much more readily found than good, he fell in with a lot of drinking men and got gloriously drunk. If there is such a thing as a glorious drunk, he had it, for he drank and exposed himself until he fell sick with a very bad sore throat; he attended himself with liniments and gargles until he became thoroughly frightened; then he sent for me.

I found his throat terribly swollen; pain on deglutition; profuse discharge of fetid saliva. I could not examine the throat internally on account of the swelling; but where I could see the mucous membrane it was slick and glistened. When he opened his mouth the saliva would adhere to his mouth, and the little threads would extend from the tongue to the teeth and soft palate. The tongue was coated a dirty white. I prescribed Merc. Jod. Rub., some pellets in water, a dose to be taken every hour for three hours, and no medicine to follow. The next day he was better and went out and down-town. Two days after his trip down-town he sent for me, and I found the last state of the man worse than the first. He told me that the pain in the throat *began in the right side, went to the left, and then returned to the right*. The pain was greatly aggravated by empty swallowing. I gave him one dose of Lac-can.<sup>1m</sup>, dry, on his tongue; no more medicine, and after that day no more sore throat.

A short time since I was called to treat a lady with a sore throat. She gave me the following history of the case: She stated that she had had attacks of quinsy, which always came with her monthly periods, and that her doctor, an allopathic, always treated her with gargles and Quinine; she recovered from time to time, but had about made up her mind that she would get along as well without him, and had concluded to try my treatment. I prescribed Mag-carb.<sup>1m</sup>, one dose, with a second powder to be taken providing she felt symptoms of a return;

the next time she had her monthly sickness she felt symptoms and took the powder, but has had no more quinsy and is greatly better in every way.

I might continue this paper, but as I have only presented it in the interest of the siftings which we will do well to save, I will close.

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## GLEANINGS.

F. H. LUTZE, M. D., BROOKLYN, N. Y.

### TEETH AND GUMS.

Pain in teeth, as if pulled out. Arn., Caust., Nux-mosch., Nux-vom., Phos-ac., Rhus-t., Ipec., Cocaine, Cyclam., Mangan., Mezer.

Teeth decay down to gums. Calc-c.

— — root is affected only. Thuja.

— — crown is affected only. Staphys.

Canker sores in mouth, burning; all food and drink aggravates. Sinapis-alb.

Tongue bluish white on upper and lower surface. Glon.

Dryness of the mouth, intense, without thirst. Paris-quad., Dioscor-vil., Lycopod., Nux-mosch., Puls., Sulph.

Hair on forepart of tongue, sensation of. Silicea, Apis.

— — base — —. Kali-bich.

Teething in children, crying, restless, feverish, biting on something hard, and > by it, < at night. Phytolacca.

Palate and uvula bright red, uvula looks like a bag of water. Kali-bich. (Apis, Rhus-t., Phos., Sulph.-ac., Tabac.)

Tongue indented on edge with marks of teeth. Glon., Iod., Rhus, Hydrast., Ignat., Kali-iod., Podoph., Stram., Tellur.

Tongue has a triangular red tip. Argent-n., Ars., Phytol., Rhus, Sulph.

Tongue swollen, seems to fill up the whole mouth. Cajeput.

Tongue catches on teeth. Apis.

Tongue protruded and retracted like a snake. Lachesis (Cupr-acet.).

— slick and shining. Kali-bich.

Tongue excoriated, patches like islands on the tongue, craving for fat. *Merc-viv.*

Mouth bleeding from buccal cavity in diphtheria. *Phytolacca.*

Mouth and tongue dry and burning, constant thirst for large quantities of ice cold water, which is vomited so soon as it becomes warm in stomach, gurgling from stomach down through abdomen, causing an involuntary stool from relaxed anus. *Phos.*

#### FAUCES, PHARYNX, AND ŒSOPHAGUS.

*Throat*, if a fishbone has wounded the œsophagus. *Cicuta-vir.*

— — — — — and a sensation of the fishbone remains but cannot be discovered. *Hepar.*

*Globus hystericus.* *Acon., Con., Magn-m., Plumbum.*

— — > eructations. *Magn-m.*

Lump in throat descends on deglutition, but immediately returns. *Rumex-crisp.*

— — — does not move from deglutition. *Ignat.*

— — — or œsophagus. *Asafoet., Con., Laches., Lycopod., Lobel., Magn-c., Plumb., Physostig., Kalmia.*

—, swallowing over a lump in throat. *Graph., Nat-m., Puls., Sabin.*

Splinter, sensation of in throat. *Alumina.*

Constriction, spasmodic, of throat, interfering with swallowing; food is felt the whole length of the œsophagus; > warm drinks. *Alumina.*

Throat feels enlarged like a burning cavern. *Iris-vers.*

— < from least external touch. *Bell., Laches., Phos., Rumex., Niccolum.*

— extremely dry > drinking. *Phos.*

— hot feeling in, sputa, in little granules like shot, very offensive when opened. *Phos., Silicea.*

Clergyman's or speaker's sore throat. *Apis, Arum.*

Fauces, inflammation of mucous follicles in back part of fauces, like fleshy soft warts or ridges down the throat. *Laches.*

Throat, chronic sore, beginning on left side. *Lachesis, Bell.*

Throat, automatic grasping of hands to throat, head, nose, ears, etc. Stramon.

# APPETITE, TASTE, HUNGER, THIRST.

Drinking very cold water or eating ice-cream, pain in forehead extending to nose. Digital.

Eats often but little at a time. Bry.

— — — much — — —. Ars.

Taste of blood in the mouth. Benz-ac., Lil-tig., Alum., Amm-c., Berb., Bell., Bismuth, Bovist., Ferr., Hipp-m., Ipec., Jatropha., Rhus, Sabin., Sil., Zinc.

Vomit, black, in yellow fever. China, Ars., Arn., Crotal., Laches.

— water, when it reaches the stomach; and restlessness. Ars.

— — and all fluids as well, when it reaches the stomach; can eat his rations for several days, then vomits and keeps it up for a whole day. Bismuth.

Regurgitation of food (without nausea). Ammon-m., Asafoet., Con., Croton., Lycopod., Magn-m., Nux-v., Plumb., Ran.-b., Sars., Spig., Verb.

— — — bitter sour. Phos., Podoph., Sabad., > P. M. —.

Blood, vomiting of. Acon., Aloe, Alumina, Amm-c., Argent-nit., Arnic., Arsenic, Bell., Bry., Calc., Canth., Carb-v., Caust., China, Cicuta-vir., Colocynth., Con., Crotal., Cupr-met., Erec-thites, Eviger., Ferr-met., Hamam., Hyos., Ipec., Kali-bich., Laches., Lobel-infl., Lycopod., Merc., Millefol., Natr-m., Nux-v., Op., Petrol., Phos., Phytolac., Plumb., Podo., Puls., Rhus-t., Secal., Stan., Stram., Sulph., Veratr-alb., Verat-vir., Zinc.

Vomiting. After vomiting breaks out all over with a profuse perspiration, followed by a sensation as if a thousand needles were piercing skin from within outwards. Lobel-inflata.

Vomit, patient thinks he would be so much better if he could only vomit. Nux-v.

Nausea and vertigo on turning to the left, a fainty sickness. Iod.



Vomiting and purging, with cold, blue, dry skin ; during fever and pains in abdomen he covers up ; when the skin becomes cold he uncovers. Camph.

Eating, during and after, sleepy. Bovista, Kali-c., Phos., Puls.

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## ACCIDENTAL PROVING OF CARBOLIC ACID.

J. C. FAHNSTOCK, M. D.

Mrs. R. æt, thirty-two, dark hair, nervous temperament, and ordinarily enjoys fair health.

On the morning of July 22d, 1888, was washing, and she, in order to remove some " rust stains " in a garment, put what she supposed to be Carbolic Acid, diluted one to twenty in a little hot water, and began to rub the clothes, inhaling the steam with the acid ; but it was pure Carbolic Acid instead of diluted.

In about ten minutes she began to feel very queer, and being alone, she started to run across the street to one of her neighbors, but before reaching the house she fell prostrate, pale and gasping for breath. She was taken into the house, and I was called in haste. On my arrival I found my patient propped up with pillows, being unable to lie down, continually gasping for breath, with a trembling all over, so much that she wanted her hands held ; " pricking like needles all over her body ; " unable to raise the right arm.

Pale face, dilated pupils, cold hands and feet.

Thirst, wanted a drink of water every few minutes.

In about half an hour, nausea, but no vomiting.

Pain in lumbar region.

These symptoms continued about four hours, but gradually getting less and less, and finally disappeared in the evening, not leaving any bad effects the next day, and she again enjoys her usual good health.

I report this accidental proving of Carbolic Acid thinking it might prove to be some benefit to some suffering one, as I was forcibly struck with the great similarity of symptoms to asthma.

There is an accidental proving of Carbolic Acid by T. D. Pritchard, reported in the transactions of the Homœopathic Medical Society of New York, new series. In his concluding remarks he says : " For the last year I have been much troubled with shortness of breath on going up-hill or up-stairs, or when running, without cough. Since I recovered from the effects of the Carbolic Acid I am almost entirely free from the shortness of breath.—*The Homœopathic News*, vol. XXII, July, 1893.

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AMERICAN INSTITUTE OF HOMŒOPATHY,  
BUREAU OF MATERIA MEDICA AND THERAPEUTICS, 1892-3-4.

The following circular has been issued by this Bureau. Any practitioner having definite views upon this vital topic is requested to join in the symposium and correspond with the Secretary :

DEAR DOCTOR:—In organizing the work of this Bureau for the year 1894 (the session of 1893 will be omitted because of the Congress during the World's Fair), we think that at least half of the whole day's session of this Bureau should be given over to a thorough discussion of the best methods of *studying* and *teaching materia medica*. In order to elevate and dignify this important topic, and place it where it belongs in the very forefront of Homœopathy, we respectfully solicit answers from you, as we do from all teachers of our materia medica the world over, to *all* the following questions :

I. What advice do you give concerning materia medica to a student beginning medicine by a year's preliminary study?

II. Which is the best method of teaching materia medica—(a) for the preceptor to his student; (b) for the teacher to his classes in the college; (c) give an outline of your method of studying or teaching a drug in the class-room?

III. Which is the best place for teaching therapeutics—(1) Hospital, (2) Dispensary, (3) Clinic, (4) Class-room, or (5) Bedside, and how should it be done?

IV. Do you teach the potency of the remedy studied? If

not, why not? If you do, how do you explain the potency you advocate?

V. When should *The Organon* be taught, and how?

This does not involve a long essay, unless you desire to contribute such to the Bureau over and above these answers. Please give this your prompt attention, in order that a complete *résumé* of how our therapeutics are taught may be carefully prepared.

Yours fraternally,

WM. E. LEONARD, M. D.,

*Secretary.*

## THE RELATION OF PAIN TO SWALLOWING.

A. McNEIL, M. D., SAN FRANCISCO, CAL.

Swallowing relieves the pain, Alum., Caps., Ignat., Lach., Mang., Nux-v., Puls.

The distinction is finer in tracing out the different kinds of swallowing. For example:

Painful swallowing when it is empty or merely swallowing of saliva indicates Bar-c., Bell., Bry., Cocc., Hep., Lach., Merc., Nux-v., Puls., Rhus, Sulph.

On the other hand painful swallowing of food: Alum., Ammur., Apis, Bar-c., Brom., Bry., Cham., Cocc., Coff., Hep., Lach., Merc., Nitr-ac., Nux-v., Phosph., Rhus, Sulph.

Among the latter the painful swallowing of solid food especially indicates Cham., Hep., Lach., Merc., Sulph., and that from liquid food and drinks, Bell., Brom., Ignat., Merc., Phosph. But when, on the other hand, the swallowing of liquids ameliorates it points to Alum., Nitr-ac., Nux-v., and when this amelioration is particularly from warm liquids, Alum. and Nux-v. lead all other remedies. Nearly related to swallowing is talking. When this aggravates the pains in the throat it indicates more particularly Acon., Alum., Bar-c., Bry., Dulc., Ignat., Mang., Merc., Phosph., Rhus, Sulph. And when this rare case occurs when it (speaking) improves it points almost exclusively to Hepar.



## IN MEMORIAM—DR. SAMUEL SWAN.

The homœopathic profession will read with surprise this announcement of the death of Dr. Samuel Swan, of New York, so widely known in connection with the numerous remedies of the nosode class which he has from time to time introduced to professional notice. He died on Wednesday the 18th of October, at ten o'clock in the morning. Dr. Swan had been unwell for several months and had relaxed his usual active work and had lost much of his interest in the events of the profession owing to the prostration that his illness had caused. In May last he wrote: "I have been sick for the last two months and am now so weak I can't attend to patients, who very considerably keep away from me. \* \* \* I have been too sick to pay attention to anything." Later he retired to his bed never to rise again. He was well aware his end was approaching and expressed a wish to die. He was fully conscious to the last, but had lost the use of his voice and was finally unable through weakness even to write what he wished to say.

Dr. Swan was born at Medford, Mass., July 4th, 1815. He was therefore seventy-eight years old at the time of his death.

The first half of his life was spent in active business pursuits, which he was finally compelled to relinquish on account of ill health. He then went South in the company of his devoted wife, and there met Dr. Uhlrick through whom he became interested in medicine, and under whose direction he studied it. He then returned to the North, entered as a student in the Homœopathic Medical College of Pennsylvania, at Philadelphia, now merged in Hahnemann Medical College, and graduated in 1866. His diploma bears the signatures of such distinguished men as Adolph Lippe, Constantine Hering, and Henry N. Guernsey. He settled in New York, and went into the active practice of medicine, which he continued until incapacitated by the illness of the last few months. The first five years of his medical career were spent almost entirely in



gratuitous practice. He was a kind man and none who appealed to him for aid ever went away unsatisfied. The grateful memories that cluster about his name amply testify to his deeds of good-will and benevolence.

The writer of this sketch himself owes Dr. Swan a large debt of gratitude for valuable professional services rendered to his mother under the following circumstances :

The patient had been suffering for years the most excruciating agony from headache. The pain was so violent as to cause loud screaming and a desire to run wildly from one room to another. No remedies prescribed seemed to have any effect, and there seemed to be no hope of procuring relief.

In June of 1876, Dr. Adolph Lippe gave a dinner party at which were assembled Dr. Edward Bayard, Dr. Henry N. Guernsey, Dr. Constantine Lippe, Dr. Samuel Swan, two or three others whose names it is impossible now to recall, and the writer. This case of violent headache was incidentally mentioned to Dr. Swan in the course of a conversation in which experiences had been mutually recounted.

He became much interested and offered to prescribe. A detailed statement of the symptomatology was furnished him, and after two or three remedies had been given with but indifferent success, *Lac-felinum* was administered. The screaming ceased and the headache slowly disappeared. The disease energy was driven to the surface with the production of an extremely annoying eruption upon the legs of a decidedly erysipelatous character which has continued from that time. The relief from the intense agony of the headache, however, was as complete as it was remarkable.

In January, 1878, he joined Dr. Thomas Skinner, then of Liverpool, and now of London, Dr. Adolph Lippe, of Philadelphia, and Dr. Berridge, of London, in the publication of a new journal devoted to pure Homœopathy. It was called *The Organon*, and was issued quarterly. It at once took a prominent position in medical journalism, and promised to be a great success. It ceased after three years of publication, however, and pure Homœopathy was without a representative. It was

then that Dr. Lippe, deploring the loss of the journal, determined to start another journal in its place. THE HOMŒOPATHIC PHYSICIAN was thus established and was the successor of *The Organon*. Dr. Swan became much interested in this latest venture and was a frequent contributor to its pages.

Dr. Swan did not confine himself to pure Homœopathy, and he soon became widely known for his indorsement of Isopathy. This was considered to be an invasion, and a nullification of the doctrine of the law of similars, and it brought upon him a storm of denunciations and criticisms in which this journal sometimes participated. It would be out of place here to rekindle the fires of that controversy, but without affirming or denying the injurious effect upon Homœopathy that it is claimed to have caused, the one practical result has been the bringing to professional notice of a large number of new and singular remedies. Among these may be mentioned the various "milks" which were, with one exception, introduced by Dr. Swan. That one exception was Lac-caninum, which was originated by Dr. Reissig; by him communicated to Dr. Bayard, who, in turn, transmitted the information to Dr. Swan.

Dr. Swan introduced Tuberculinum to medicine years before the same remedy was discovered by Professor Koch, of Berlin, who made such a tremendous sensation with it in the ranks of the dominant school. He also introduced Syphilinum, Mendorrhinum, and other remedies of like character, now known under the general name of nosodes.

The profession were not opposed to the use of these nosodes, but the demand was frequently made that they be proved like the "polycrests." To this Dr. Swan answered that these remedies had already produced provings which could be found in the phenomena and symptoms of the disease of which they were the products. This answer did not satisfy the strictly logical Hahnemannians, and thus a gulf was formed between them and him which has continually widened. Much more might be said, but space will not permit the elaboration of the subject, and it is accordingly left to other writers to treat as they shall feel inspired.

## BOOK NOTICES.

ROGERS' HOMŒOPATHIC GUIDE. By L. D. Rogers, A. M., M. D., and Ida Wright Rogers, M. D. Chicago: People's Health Journal Co., 441 Dearborn Avenue. 1893.

This book is the latest candidate for the favor of the home circle in the treatment of cases of sickness arising suddenly and demanding attention before the doctor can be summoned.

The authors of it are the accomplished and brilliant editors of *The People's Health Journal*, Dr. Rogers and his devoted wife.

The book is decidedly pretentious, being a veritable miniature encyclopædia of diseases and their treatment, and may with perfect propriety be consulted by students and even older practitioners.

It consists of two parts, a part treating of diseases and giving keynote indications for remedies for them, and a part that is all materia medica. This materia medica is rather abbreviated. It might be expanded with benefit. Still, what is given is of sterling value and must be of much assistance to the laity.

From a close inspection of the whole book, we are impressed with the belief that it is very decidedly advanced for the laity, and for that reason we have made the remark that it might be studied with profit by practitioners, especially beginners, and by students.

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## NOTES AND NOTICES.

DR. A. QUACKENBUSH has succeeded to the practice of Dr. Cook, in Belleville, Ontario, Can.

DR. F. H. KREBS has removed his office to 42 Union Park, Boston. Consultation hours, till 11 A. M., 3 to 5 P. M.; Sundays, till 11 A. M.

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## FUN FOR DOCTORS.

CAUSE AND EFFECT.—Undertaker (to Harlem physician)—“Did a stranger call on you to day for treatment?”

Physician—“No.”

“That's strange. The gentleman was looking for a physician, and I recommended you very highly.”

“Yes, I guess that's the reason he didn't come to see me.”—*Texas Siftings*.

Servant (to his master, a very young doctor, who is at a banquet)—“Come home quickly, sir. There's a patient waiting for you. (Aside) I've locked the office door on him so that he can't escape.”—*Fliegende Blaetter*.

# THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF  
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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Vol. XIII.

DECEMBER, 1893.

No. 12

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## EDITORIAL.

ADDRESS TO DELINQUENT SUBSCRIBERS.—With this number we close our account with the year 1893. Not so with many of our subscribers. Their accounts with this journal are not closed. On looking over our subscription-list we find a discouragingly large number who are still in debt for the journal. No doubt many of these readers think that the amount which he or she owes is so trifling that it makes no difference whether it is paid or not. So many think this way that the aggregate sum which they all withhold amounts to a very large figure—several thousands of dollars.

Inability to collect the individual fractions which make this sum puts the publisher to serious inconvenience in issuing the journal each month. Printing bills must be paid, and the editor cannot pay them out of his own pocket. The subscribers ought to support the journal loyally, willingly, without the necessity of cumbering the editorial pages with this appeal. We think that the material which we give the profession from month to month is of such a high order of merit that it should inspire our readers with a cordial desire to show their appreciation of the work done for their benefit by spontaneously making a free-will offering for its support.

The material given is such as is useful to them in everyday practice. It is designed to be a practical assistant and guide. Or it is calculated to awaken their interest in, understanding of,



and courage to practice a more efficient and successful mode of treatment than any heretofore known in any age of the world. It is only of late years that the several so-called homœopathic journals have made any efforts whatever to instruct their readers in the system of Hahnemann.

*This* journal has always kept this idea steadily in view. The completed volumes are valuable works of reference. Our readers tacitly admit this assertion by the careful way in which they save their numbers and have them bound into volumes. A surprisingly large number do this, and keep the volumes on their shelves. Even when a stray set of volumes does get into the hands of a second-hand dealer it is not held by him very long. He quickly finds a purchaser.

Such being the case, it follows that THE HOMŒOPATHIC PHYSICIAN is well worthy to be maintained by the profession.

We now ask them to indorse this sentiment by remitting the sums due us without further delay, so that funds may be ready to meet the demands of a new year.

Failure to collect enough to meet the expenses will compel the suspension of publication; and there is a very large circle of friends of the journal who, we know, will not like that event.

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WELLS ON INTERMITTENT FEVER.—A few pages yet remain to be printed of this valuable publication. It was not possible to put them into type for the November and December numbers because of the scarcity of funds to meet the printing bills. It is very difficult work for the printer, and therefore is very expensive. Indeed, few compositors can set up such work at all. The present printers who set the type for these pages have had ten years' training and experience upon this journal alone, and are therefore more than ordinarily competent. But then *they must be paid*. Being expert upon such a difficult task, they are more than ordinarily worthy, and, knowing their worth, expect prompt pay for their services. Their demands can be met only by our subscribers "chipping in" with their long overdue remittances. Will they help us in our good work?

# INTRODUCTORY TO THE 46TH ANNUAL COURSE OF INSTRUCTION IN THE HAHNEMANN MEDICAL COLLEGE OF PHILA- DELPHIA.

B. FRANK BETTS, M. D., PROFESSOR OF GYNECOLOGY.

The opening of this, the forty-sixth annual course of lectures, is an event of particular interest to the physicians and students of our profession ; for as the oldest homœopathic college in the world completes another cycle in its history, we naturally look about us for evidences of such an improvement in methods of instruction as will secure to those who are to form an integral part of the profession in the near future the opportunity to acquire such proficiency in their medical studies as will enable them to keep pace with the rapid advancement made in medical science.

The practical clinical instruction of students has always constituted an important part of the curriculum of this college, and I am glad to be able to report that the out-patient department of the hospital has been much enlarged by the addition of two wings to the building, so that better accommodations can be afforded both patients and students, giving us at least one-third ( $\frac{1}{3}$ ) more space than before.

This is needed, for the large class of students in attendance last year, with the number of patients seeking medical and surgical treatment crowded the building, although the surgical department had been moved into the basement of the hospital building, along with the gynecological department before the opening of the last session.

You are probably aware that we divide the class into sections and that each section consists only of such a number as may come into direct communication with clinical cases treated by the clinical instructors in the several departments of the dispensary.

These small classes are assigned to the different departments in rotation, and we aim to afford them an opportunity to witness

methods of diagnosis and treatment applicable to forms of disease most likely to be met with in the ordinary course of a physician's practice.

During the past year thirteen thousand three hundred patients have been treated in the out-patient department of the hospital and three thousand five hundred and seventy in the hospital proper.

In the public wards and in the out-patient department, most of the charitable work of the institution is done. This part of the hospital is an important adjunct to the college in the education of students, but in the private rooms, patients are treated by the physicians and surgeons of their own selection without having any communication with the public wards or clinical departments. These are in nowise available for the clinical instruction of students.

The property adjacent to the hospital on Fifteenth Street, purchased for the purpose of establishing an obstetrical department in conjunction with the other departments of the hospital is still unimproved; but plans are being prepared and the erection of an obstetrical pavilion will be commenced as soon as sufficient funds are secured.

In order to give students more time to pursue their college studies, the annual session has been lengthened to seven months, so that instead of closing the session the last of March, it will continue until the last of April. The spring course of lectures will be abolished, as the regular session will extend into the time usually devoted to it. The faculty have under contemplation the establishment of a short post-graduate course, for practitioners, which will follow directly upon the close of the regular session. The week of preliminary lectures before the opening of the course has been dropped.

After this year, the four years' graded course will be made obligatory, so that the students matriculated next fall will be obliged to devote *four years* to the study of medicine before they are graduated.

By recent legislative enactments in several of the States, Medical Licensing Boards of Medical Examiners have been



established. In Pennsylvania three separate Boards of Examiners are provided for, the Allopathic, the Homœopathic, and the Eclectic Boards.

They are all under the control of a Medical Council composed of the Lieutenant-Governor with other State officers together with the President of the State Board of Health, and the President of the three Boards of Medical Examiners.

This Council supervises the examinations conducted by the three Boards and issues licenses to practice to those who have successfully passed the examination by the Boards. The Medical Council also issues licenses to such applicants as present satisfactory and properly certified copies of licenses from other State Boards or bodies authorized to grant them.

The Medical Examiners of Pennsylvania will be appointed by the Governor in January next and annually thereafter. Students who are graduated after the first of July, 1894, must be examined and licensed before they can be registered and permitted to practice in this State. The questions submitted to the applicants before the three Boards are to be the same with the exception of questions in Therapeutics, Practice in Medicine, and Materia Medica, which latter, must be in harmony with the teachings of the School of Practice selected by the candidate.

The same standard of qualifications is exacted of the candidates from each school of practice.

By this enactment the responsibility of the colleges is materially increased. Their standard of qualification must conform to the standard of the licensing power or else the diploma will be of no value. Furthermore, the preliminary examination of students must be such as will leave little doubt in the minds of the faculty as to the ability of the candidate to acquire the knowledge necessary to pass the final examination satisfactorily, otherwise the student's time and means may be wasted.

According to the present arrangement the issuing of a diploma to a student is of little account without it carries with it evidence of such acquirements in its possessor as will lead him to entertain a reasonable expectation of passing the examination



of the Medical Board. If the diploma has been granted by a high-grade college it should meet all of these requirements.

I am glad to be able to state that in New Jersey, where the examination is conducted by a mixed board, and all knowledge of the applicant's school of practice is ignored, no graduate from the Hahnemann Medical College, of Philadelphia, has been denied a license since the law went into effect two years ago, although out of a total of one hundred and forty-three examinations, thirty-two have been rejected from other colleges.

Furthermore, from the annual reports I find among eighteen (18) examinations of graduates from the University of Pennsylvania, the oldest and one of the best endowed medical schools in this country, the general average attained was 83.50. From the twelve (12) examinations of graduates from our college the general average was 81.90, but 1.60 below the former. From eight (8) examinations of graduates of the Homœopathic Medical College of New York the general average was 75.96, and from the twenty-one (21) examinations of graduates from the Jefferson Medical College, of Philadelphia, the general average was 74.99 ; an average of 75 is necessary to pass successfully. My object in mentioning these facts is to prove the statement that the standard of qualification maintained by the Medical Licensing Boards is not likely to be above that of the best medical schools, and that the general average of graduates from this school compares very favorably with that of the best schools in the country.

But, gentlemen, I am far ahead of the theme that interests me most to-night. It is not by the possession of a diploma or a license to practice that you are to secure success in your professional life. Your presence here assures me that you have some knowledge of the efficacy of homœopathic treatment, and that it is your aim to acquire an understanding of this system of practice at this institution.

By careful study and observation, you expect to become skilled in the art of healing. This constitutes a physician:

Other themes may interest you and claim attention, but the

object of paramount importance *must be*, proficiency in the art of healing.

During your college days your attention will be directed, first, to the study of the human organism in health; then, to the human organism—sick; for it is necessary that you should know the well man, well, before you can understand the sick man well. Upon your knowledge of Anatomy, Physiology, Chemistry, and Histology therefore much will depend.

Later on your attention will be directed to the morbid changes produced by disease. The signs and characteristic features of the different diseases; their diagnosis and treatment must be studied—and just here the paths trodden by the allopathic and the homœopathic fraternity diverge, and it should interest you to know in what important respects they differ.

The opposite school bases its medical treatment upon a knowledge of those morbid disturbances and changes wrought in the organs and tissues of the body by disease as is obtained by means of physical explorations and symptomatic indications. Whilst the distinctive features of Hahnemann's plan as explained in *The Organon*, consists in basing medical treatment upon a knowledge of morbid disturbances in the *vital or life force* throughout the whole organism, made manifest to us by symptoms and physical signs.

It was to a fuller recognition of the *vital power or life principle* in the individual that Hahnemann directed attention. He never claimed to have discovered this dynamic force, for it had been recognized by medical men ever since Althenaens taught the active principle of "pneuma" as the basis of existence in the earliest days of the Christian era. Neither could he describe it, except as an imponderable, invisible, all-pervading power animating, shaping, and controlling tissue changes within the organism, until the end, when its influence stops, and in death purely chemical laws gain control.

Into man, fashioned from the elements of the earth, typified in clay, the Creator breathed the breath of life and this life principle has been transmitted from individual to individual

ever since. The ovum contains it, whilst it is an integral part of the mother's living organism and the sperm vesicle is endowed with it. Without this principle in both of these organisms there can be no growth—no new formation. When this vital principle present in every part of the living organism is confronted by certain influences which we term morbidic or such as are conflicting, encumbering and combatting, the tendency is sickward, or away from a perfect state of health, and symptoms of disease are complained of.

From hereditary weakness in a part or in all parts of the organism the individual becomes more susceptible to the influences of morbidic agents. Unhygienic surroundings, over-work, excesses of all kinds weaken the vital force and the disease-engendering influence gains the ascendancy.

It is undoubtedly due to the weakening of this vital energy that disease becomes more virulent in some cases than in others, and not as some suppose to an excess in the quantity of the morbidic agent.

A man may reside in a pest-house for months and not contract disease, but let him get demoralized, frightened, and run down in health and it will be very likely to gain an ascendancy over the health-dealing influences.

The ptomaine that is developed in the tissues from the presence of microbia is inert if the system is in a perfect state of health, but when tissue metamorphosis is weakened it becomes a most virulent element of morbidic power, the addition of a single chemical atom to one of its component parts as previously existing is all that is necessary to change it from an inert to a toxic agent in many cases.

Degradation of tissue results in the development of noxious elements out of inert substances under such circumstances.

Kijaintzen of Kiew has demonstrated the presence of a special and peculiar poisonous ptomaine developed in the tissues in consequence of extensive scalds or burns upon the surface of the body.

This substance when isolated from the organism and injected into another person is capable of producing depression of tem-



perature, weak heart action, slow, shallow breathing, diarrhœa, vomiting, somnolence, apathy, stupor, etc.—symptoms characteristic of persons dying from extensive scalds and burns—so that it seems probable that when death is not due to sudden shock it may result from the development of a poisonous principle in the tissues formed from lowered vital action before extraneous septic infection occurs. It is well known that emotional influences act upon the glandular secretions to vitiate them, as when a nursing mother sickens her child by feeding it from the breast after she has been violently angered. It is also said that anger changes the character of the saliva in some mysterious way so that it produces serious results when introduced underneath the skin by biting.

As an illustration of the wonderful influence of this life principle in *health* I might allude to the production of the normal temperature in the human organism. Whether this function is under the immediate control of a separate nerve centre or not, the production of heat up to a certain standard as well as its dissipation at other times under varying temperatures of the surrounding media is a most wonderful illustration of this controlling influence in the organism which amounts almost to intelligence. Imperfect control over tissue metamorphosis not only favors the development of toxic agents or poisonous principles but leads to the development of fever in acute cases, and to new growths in the tissues such as tumors and mal-formations under other conditions. In the latter case we see only the effects produced by the change in the vital force, yet long before the tumor can be detected or the inflammatory swelling develops the system is disturbed and symptoms are complained of. These may seem to have had no connection with the pathological product which we are able to detect later, for often these disturbances are trivial and apparently require no particular treatment, yet from the fact that children subjected to homœopathic or symptomatic treatment during their growth and development are less prone to develop these tumors in after life than others, we may infer that much that might have developed has been prevented.



A person may suffer from intense neuralgia without any pathological change in the nerve trunk or its centre of origin, and yet in time the tissues supplied by it, waste, the hair turns gray, the skin may become inflamed or atrophied. If we can cure the symptomatic evidence of disturbance in the nerve we prevent the after effects of its functional derangement.

The change from static to a dynamic condition of the nervous system by imponderable, undiscovered, and in every way inappreciable influences is well illustrated in some cases of spasmodic asthma in which an attack may be induced by the slightest change in telluric influences as by a journey from one point to another only a few miles distant.

The influence of malarial poisoning upon the vital forces of the organism is most remarkable, yet this poison is imponderable, invisible, and absolutely unknown except from its effects upon the vital force. I think that these illustrations are sufficient to prove that medical treatment should not be based upon a knowledge of pathological changes in the organs and tissues of the body or the evidences secured by physical exploration alone, but upon symptomatic indications afforded by disturbances in the vital force. It is the change effected in the vital energy which gives us a complete picture of the diseased condition to which we must apply our art of healing. As this change extends to all parts of the organism—even the mental symptoms of a sick man are often of importance. To this changed condition, this deviation from health, we apply remedies according to the homœopathic law.

When disturbances in the vital activity of the organism have resulted in the development of *new* growths with structural elements *unlike* those of the tissues in which they are found, constituting malignant tumors, all medicines fail to effect curative results. These conditions are beyond the control of normal, healthy vital action. Methods of diagnosis have to be studied and carefully pursued to enable us to distinguish the character of these diseases, and surgical means have to be resorted to, to effect the prompt removal of all such obstacles as interfere with the application of *our* art of healing ; but through all our ex-

perience in the treatment of disease we must be ever mindful of the presence of that vital force which is in every living cell and tissue element, and constitutes the only real difference between a human being alive and the same being dead. Its action may be perverted, but until it ceases in death we may aim to influence it for the improvement of tissue metamorphosis by homœopathic medication.

An eminent authority we all respect, one who is known the world over, remarked in an address before a number of medical students of the opposite school as follows :

“The materialistic conceptions students imbibe often make them look upon man as a mere machine on which to work with knife and saw, and into which he is to cast with more or less thought his drugs, but the soul of man dwells in this house of clay,” and the principles of life build and fashion it at every stage of its existence ; “we deal not with the *bodies* of men alone ; woe to them and their physicians if this be their definition of medicine. Men’s souls, men’s lives, their secrets and aims, come all within the range of our perception.”

The same author says : “Alas ! how little are the counted gains of the long generations of our guild who have faced fairly the problem of life.” I might quote many paragraphs from the works of standard authors of the other school to show the dissatisfaction felt with the old methods of treating disease. “We dislike to confess,” says one, “that there is *no* direct treatment for internal pathological conditions, and we therefore eagerly seize upon whatever is presented to us for trial, no matter whence it comes. The antipyretics were a great innovation at one time, now the same who used them then, say, ‘don’t touch them.’ We used to believe that the salicylates were almost specific for rheumatic poison, now we learn that they act as anæsthetics for rheumatic pain, but have no permanent curative effect, indeed some claim that they increase the tendency to renewed attacks. Binoxide of manganese is lauded for amenorrhœa ; soon many try it, but are disappointed and it is dropped.”

“In the treatment of cholera everything has been suggested,

but little scientific advance has been made." Russia has lost over two hundred thousand of her inhabitants from this disease during the last epidemic, and in Austria the people have resisted the treatment which did not cure a single member of whole families, whilst patients hidden away recovered, so that it became necessary to afford military protection to physicians practicing in the infected districts.

Bacteriology has afforded us the most wonderful facilities for the *prevention* of disease, and nothing has been discovered that has shed more honor upon the medical profession than this. But we quote from the *Medical Record*, of New York, which says, "whilst we are as much interested in the discovery of new germs as in the discovery of a new comet, or latest unearthed mastodon, which are interesting as facts, we find they have no special value to us in curing disease, for no parasiticide has been discovered that is absolute and certain in its results when administered to man."

Tuberculin has proved inefficient, and many such experiences have been delusive, so that the profession has had to turn back to old methods of treatment again. The constant association of microbia with any or all such diseases is but one fact in connection with them; and such a discovery is to be regarded merely as a step forward, to be followed by others, which will represent not only an advance in our knowledge of the nature of disease, but of the processes of the hidden vital power as well. Disappointment in methods of treatment must always follow, without we take into consideration the fact that conditions of ill-health are dependent upon disturbances in the vital powers of the organism, and disturbed vital action must exist before microbia can produce their most serious toxic influence. In animals subjected to experimentation it is developed when they are wounded or subjected to unnatural influences. If their powers of resistance are normal they can combat the influence of microbia. With diminished powers of resistance the same phenomena may sometimes develop without the presence of microbia.

*Pus* is not always to be regarded as of *infectious* origin, for



there are pyogenic agencies, like Petroleum, Turpentine, and Croton Oil, which introduced into the body under certain conditions of ill-health, produce suppurative inflammation without the association of microbia. If we base our treatment upon a mere supposition respecting the nature of a disease we must often be led into error.

But I am not sitting in judgment respecting methods of treatment; I am dealing with facts and elucidating them by comparisons, for upon these we must base both our faith and practice.

An illustration of the extreme chemico-vital treatment of disease as distinguished from the dynamic treatment advocated by Hahnemann is afforded by the administration of alkalies in order to increase the oxidation of fats in cases of obesity. Scurvy is believed to be induced by a deficiency of potash salts in the food, hence the remedy for scurvy would be to supply this deficiency; but it is found that these salts are not all that is required to re-establish the health. Rheumatism is believed to be produced by the formation of an excessive amount of lactic acid which is supposed to have an affinity for certain tissues and incites in them rheumatic inflammation and *alkalies* are given to neutralize this acid and protect the tissues. The dynamic treatment would restrict the excessive formation of lactic acid. It was formerly taught that when iron was given for "anemia," it was drawn by some occult process directly into the blood current to make up the deficiency existing there, but it is now known that iron salts cannot be absorbed and taken into the blood. Dr. Simon Baruch says (*Medical Record*, June 3d, 1893, p. 695): "The idea that mineral agents can be directly supplied to the blood is exploded. The iron contained in the human system only amounts to from fifteen to forty-eight grains, and in the worst cases of anemia the amount of iron lost is only from three to four grains. This quantity can be furnished by a single pound of good beef," hence it is not the mere presence of iron in the blood that is needed but its dynamic influence.

Hahnemann reached the same conclusions nearly a century ago.



It is like fighting the wind to be aiming at pathological conditions in disease. We must select an agent which will influence the vital principle, so that more healthy action may be attained when we treat the sick.

From the internal administration of materials called drugs we are able to produce a *series* of influences upon the organism, influences dependent upon :

*First*—The physical properties of the drug.

*Second*—Physiological influences, and

*Third*—Dynamic or curative effects.

For instance, if we should administer a mass of silver nitrate, we get its mechanical effects, if it is large, hard, and irregular in outline; its chemical effects resulting in the superficial destruction of tissue; its physiological effects upon the kidneys, liver, and heart to produce fatty degeneration; its curative, dynamic effect, when we apply it to ulcerative surfaces as an excitant of the tissues to a healthier action, or when we give it in small doses to check the pain and vomiting of chronic inflammation or chronic ulceration of the stomach as recommended by Ringer, and to relieve flatulent dyspepsia, purulent ophthalmia, etc., as is done by the homœopathists.

In order to obtain the curative aid it is capable of affording, it must not be used in large masses but dilute so as to avoid the manifestation of its physical, chemical, and purely physiological effects.

The same is true of all drug action.

By something more than a coincidence during Hahnemann's time or toward the close of the last century the human mind reached the great principle of the indestructibility of matter. Prof. E. L. Youmans, in an article entitled, "A Terse Statement of the Doctrine of Forces," says: "What the intellectual activity of ages failed to establish by all the resources of reasoning and philosophy was accomplished by the invention of a mechanical implement, the balance of Lavoiser. When nature was tested in the chemist's scale it was first found that never an atom is created or destroyed; that though matter changes form with protean facility, traversing a thousand cycles of change,

vanishing, and reappearing incessantly, yet it never wears out or lapses into nothing. This age will be memorable in the history of science for having demonstrated that the same great principle applies also to *forces*, and for the establishment of a new philosophy concerning their nature and relations. Heat, light, electricity, and magnetism are now no longer regarded as substantive and independent existences, subtile fluids with peculiar properties, but simply as modes of motion in ordinary matter, forms of energy, which are capable of mutual conversion, imponderable, invisible, and indestructible. Heat is a mode of energy, manifested by certain effects. It may be transformed into electricity, which is another form of force producing different effects." Magnetism resulting from an induced current of this electricity passing near a piece of soft iron is another form of energy, all subtile, invisible, and imponderable, governed by a law characterized by Faraday as "the highest in physical science which our faculties permit us to perceive, the most far-reaching principles that adventuring *reason* has discovered in the universe," yet one which the physician is dealing with each day he lives, to prescribe for human ills.

"Its stupendous reach spans all orders of existence. Not only does it govern the movements of the heavenly bodies, but it presides over the creation of the constellations; not only does it control those radiant floods of power which fill the eternal spaces, bathing, warming, illumining, and vivifying our planet, but it rules the actions and relations of men, and regulates the march of earthly affairs. Nor is its dominion limited to physical phenomena; it prevails equally in the world of mind, controlling all the faculties and processes of thought and feeling, originating all physiological phenomena by which our organisms are kept alive. The star suns of the remoter galaxies dart their radiations across the universe; and, although the distances are so profound that hundreds of centuries may have been required to traverse them, the impulses of force enter the eye, and, impressing an atomic change upon the nerve, give origin to the sense of sight. Star and nerve-tissue are parts of the same system. Stellar and nerve forces are correlated—nay, nerve sensa-

tion awakens thought and kindles emotion, so that this wondrous dynamic chain binds into living unity the realms of matter and mind through measureless amplitude of space and time."

Each drug plant or chemical product we use has stored within it its particular dynamic force. If we liberate it, it is not wasted, but under favorable conditions it is correlated in the human organism. To make use of this force we must control it so that it can be received into the organism in the most suitable manner. Thus we extract the active principle from the medicinal plant or finely divide the chemical product. The gross formation contains it, but this is only the storehouse; and to those of us who need that which is within, it is but a hindrance and obstacle which we have no need of, except to preserve the rich treasure until such time as we may call it forth for use. The division of matter does not destroy the material nor the force that dwells within. If you break the magnetic needle in twain, each part is a magnet still; and if you sever it into a thousand parts, each part will arrange itself under favorable conditions so that it points unerringly north and south. What a lesson we can learn from these things! We are as dumb animals if we see nothing beyond the gross materialistic form of objects; and yet all these higher realities are but faint glimpses which science has obtained in the dim dawn of discovery of the glories of a future existence. They are but pebbles gathered from the shores of the great ocean of truth compared with the mysteries still hidden in the bosom of the mighty unexplored.

I shall not enter into a discussion of the homœopathic law of cure; I want to allude only to the homœopathic method of using medicines which is closely allied to the law. I want to elucidate the idea that the curative properties of medicines may be developed by the process of trituration, succussion, and division. Within certain limits this division of matter makes them more potent as curative agents, empowering them to act in conjunction with the dynamic, invisible, imponderable, vital force within the human organism without hindrance. We aim to eliminate from drug action the physical, chemical, and physiological effects



by division of matter. Drugs are then said to be dynamized. The extent to which the division of matter is to be carried in order to eliminate these effects and develop the dynamic power is a point which must be left for experience to determine. As matter is never lost nor force annihilated in matter, it makes but little difference, perhaps, if only the process is carried to the extent of the elimination of all the effects the *material* of the drug is capable of producing except the *curative dynamic influence*. The system is least burdened by the smallest curative dose, and overdosing by the too frequent repetition of the medicine is to be guarded against as much as overdosing by the administration of too large a quantity of the drug.

## POTENTIATION PHYSIOLOGICALLY PROVEN.

PROF. DR. GUSTAV JAEGER, STUTTGART, GERMANY.

[Translated by B. Fincke, M. D. Concluded from page 544.]

Hahnemann says in his *Organon* (5th ed., p. 295, note): "The higher the dilution combined with potentiation (by two shaking strokes) is carried the more rapid and penetrating the preparation seems to alter the life-force medicinally, and to change the state, with only lightly lessened strength, even when the process is carried very far—instead of (and mostly sufficient) to X as usual, to XX, L, C, and higher; only that then the action always seems to last a shorter time."

Aside from the last short sentence my neuro-analytical result, therefore, is nothing else than what *Hahnemann* has taught and I am not at all an *innovator*, but only a *renovator*, in so far as in the Neural Analysis I have found a means of "proving by numbers" what *Hahnemann* taught, and numbers have a stronger argumentative power than words.

Then, I should like to point to the American colleagues, with whom, according to what I hear, the high potency, especially the 200th potency, enjoy a much greater popularity than with us. When we see how the American art and industry accomplishes the most perfect on all the fields where it appears in competency



—I mention only the American stoves, the American dentistry—this difference in our fields seems to me to depend upon the following :

In America the only driving power is the success. This drives the American colleagues from potency to potency. In Germany the Hahnemannian doctrine of potentiation succumbed to the overpowering pressure of the *scholastics* with its infallible *dogmas* protected by the governments. Our homœopathic physicians were forced to submit to this paralyzing influence of the schoolmen in their youth and to pay to it the *sacrificium intellectus*. The fruits of these scholastics persecute them in *praxi* to the grave ; there is no use of the *success at the bedside of the sick*, with it in our scholastically corrupted home one gains not “respect,” but only “envy.” In America the “success determines the respect,” with us it is conditioned by the “examen” besides “title” and “rank ;” of course our bureaucracy does not allow any shaking up of this state of things because it is in the same boat.

And now a last word :

Already in the first section of my publication I have said : what I need in a possible continuation of my work, respectively its publication, are “co-operators,” and what I do not need are “criticasters,” and the same is also valid for the reader. In relation to both I should like to make a few remarks :

Co-operators in this matter can be sure that I always shall be at their service with the experience which I have gained in a practice of long years and that in this direction I shall shun neither time nor labor.

For “criticasters,” however, I am not at home, especially not for that numerous host who at every occasion throw in their objection “imagination !” In my life of now sixty years I have had enough opportunity to recognize these people punished with this imagination that a demonstration with them is as useless as a conversation with a post. They differ from such a one only by their being able to talk and write, for they use these faculties merely to maintain their position as post which must not be removed. With a post only two things can be done, either it

must be avoided or it must be cut down. Since the latter is not respectable I prefer the former.

Singular: these people deem themselves enormously wise and have no inkling that in comparison with them a Don Quixote is a sublime figure. This man was at least a *knight of imagination*, but they are no knights, they can neither ride on horse-back nor fight, they are only *posts of imagination*. The comical part of it is especially that these imaginative fellows do not understand anything about imagination, have nothing of it, and cannot do anything with it. Whilst imagination is one of the strongest powers in human life, they unite with it the conception of a "nothing," of a thing about which we need not care. Their idea of "imagination" prevents them on one hand from learning anything, on the other hand they do not even know what to do with it. Imagination is only a power if one believes in what one imagines, and there is the rub; something which one takes for *nothing* one cannot believe. Yea, the matter is still more foolish; these creatures afflicted with imagination cannot even imagine something, because the image immediately dissolves into nothing if it is taken for imagination. In other words, only in the hand of a man of *belief* imagination is a weapon, in the hand of a skeptic it is air, nothing; and such a one is a nihilist in the most audacious meaning of the word: he has nothing and he can do nothing.

If one thinks, the skeptic has of his skepticism the advantage that he lives to see no disillusion, this is twice false. There are only two cases: either a matter is imagination or not. In the last case the skeptic lives to see the great disillusion that the go-aheader (*Draufgänger*) attains to advantage much sooner than he, and this is for him not only a disillusion but a disadvantage. In the first case he experiences of course no disillusion, but whilst on the whole he experiences nothing because he does nothing, the one who follows his imagination experiences in the worst case *disadvantage*, and *damage makes wise*, for even if one follows an imagination one makes a whole quantity of valuable experiences, whilst the skeptic, because he does nothing, also experiences nothing and becomes no wiser than he was. The skeptics are the dry branches on the tree of life.

## NOSODE PRESCRIBING.

Extract from Proceedings of I. H. A.

DR. J. H. ALLEN'S PAPER. MIASMATIC DISEASES.

### DISCUSSION.

Dr. G. H. Clark—The subject of this paper is one in which I have been deeply interested for some years. I am not in harmony with some of Dr. Allen's conclusions. I do not see how he can get out of the corner, that in using these nosodes as he does, he is prescribing on something else than the totality of the symptoms. Every year there is creeping into our meetings more and more of this tendency to base the prescription on something else than the totality, and this way of using nosodes merely on the name of the disease, Syphilinum for syphilis, Medorrhinum for sycosis, Tuberculinum for tuberculosis, and so on, is death to true science. We might as well have no materia medica. It will drag others into the same fatal error.

Dr. Pease—I would like to ask the members of the society whether it is not very frequent for a psoric, syphilitic, or sycotic patient to experience all the symptoms of a bad cold, while under treatment. I have noticed this a number of times. If this is so, it is a part of the cure, and I should think it unwise to interfere with it. I think I have made a mistake in prescribing for such acute attacks, and in that way interfering with the curative process.

Dr. Hawkes—In the first place, I want to express my hearty approval of what the essayist has said. It confirms remarkably my own experience. The fundamental principle which Dr. Allen expresses, and which has been taken exception to, is a sound one. If we want to prevent small-pox, we would use the vaccine virus. Now, the prophylactic remedy acts as the curative remedy acts, by preparing the system to resist some poison. The totality of the symptoms must be the guide; but there is a great difference in the intrinsic value of different symptoms,



and that is where the judgment, experience, and wisdom of the prescriber are shown. It is not a question of number of symptoms entirely; it is rather a question of the relative importance of symptoms. Three important symptoms in a given case may outweigh in value six, or even more trivial ones, and in the question of relative importance, we must consider the miasm, the modalities, and the personal peculiarities of the patient. I think it is a good paper and will lead us aright. In answer to Dr. Pease's question, if I may be permitted to answer it, I think it is a poor plan to interfere with the acute symptoms that arise during the treatment of a chronic case. I teach my classes not to do it, and I never do it myself.

Dr. Pearson—The statement has been made that the difference between a great man and an ordinary one is only one step, one little thing. In the treatment of chronic diseases, the difference between success and failure is just a little thing apparently unimportant—*i. e.*, the knowledge of miasms. This knowledge gives its possessor the advantage, the inside track over the man who does not have it. We should strive in every possible way to differentiate between the various miasms. I think this paper contains some very important hints on a deep and obscure subject which needs much study. We should pay attention to it, and complete it, until it is plain to every practitioner. In regard to these nosodes there is an underlying principle which is very pertinent to the cure of the case. In the first place, nosodes are obtained from diseased persons, human beings like ourselves. It represents characteristic disturbances. When proved upon healthy persons we get the characteristic indications of this remedy. They then become a part of our *materia medica*, and when given according to the symptoms, I believe they have a more potent effect than any other kind of remedies, owing to their origin.

Dr. Reininger—The question of treating disease by the products of disease is beginning to interest the old school. They have attempted recently to cure diphtheria with a product from the membrane given by hypodermic injection, and have been to a certain extent successful. I noticed one case of psoriasis that



had been cured by an old-school physician, by injecting a preparation of the same poison under the skin. I partly agree with Dr. Clark and partly with Dr. Hawkes. Here we have a scarcely trodden field, much experimentation must yet be made, and I doubt not that when we know more about this subject that many stubborn, well-nigh incurable cases will be much more easily handled.

Dr. Wessellhæft—There is only one possible way of getting at this thing, and that is by making provings of the nosodes. These are the only experiments we are called upon to make. I do not believe that any other kind of experimentation is justifiable. As regards the question of Dr. Pease, any interference with the first effect of a remedy in the treatment of an acute disease is always detrimental to the patient. Irritation of the mucous membranes is very apt to follow the administration of the proper remedy in a chronic case, and it should never be interfered with. There is nothing more than a reaction on the internal skin. The nearer the natural orifices it is the better. A nasal irritation is better than one in the trachea, for instance. The same thing is true with irritations of the intestinal tract; you may have them as a constipation or as a diarrhœa. These are natural results of giving a proper remedy, and we make a mistake when we allow the patient to influence us and give them something for the acute trouble which has supervened. What is a cold? People say a cold is a cold, everybody takes cold. A cold is simply a suppression of skin activity, without reaction. Something has got to occur if there is no reaction. Every force that affects the body has got to be accounted for. If we have no surface or skin reaction we are bound to have coryzas, diarrhœa, constipation, or some other effect.

Dr. H. C. Allen—I must take a shot at my friend, Dr. Clark. The one or two nosodes that we have proved were the nosodes used in this paper. Any one can follow their pathogenesis with a great deal of accuracy. In that my friend Clark is off. Take this paper in connection with one read some days ago at a meeting of the American Institute on the surgical treatment of pleurisy.

It was said there that fifty cases of pleurisy, under homœopathic treatment, had required surgical interference. Debate was shut off, so that not much was brought out. One fact that was certain was not brought out, and that was that those cases could not have been treated homœopathically with such wretched results. Another fact should have been exploited, and that was that there is always in acute pleurisy and pneumonia a psoric basis. While Aconite works well when indicated in the early stages, in nine cases out of ten the second remedy is Sulphur and not Bryonia nor Phosphorus. This is what large numbers in our school overlook. The psoric miasm is at the bottom of the majority of acute troubles. When I give a dose of medicine for a chronic disease I never, under any circumstances, disturb an acute trouble that may follow. It is the response to the remedy.

Dr. Butler—Where can we find a good proving of Syphilinum or Medorrhinum?

Dr. H. C. Allen—In Hering's *Guiding Symptoms*, you will find Medorrhinum.

Dr. Holmes—Dr. Berridge has also made a proving of Medorrhinum that I think is preferable to Hering's. Dr. Allen's paper is an excellent one. It brings up so many points which no one but those who have made a study of and believe in *The Organon* understand or appreciate. These cases are unique. I believe that nothing but the line of treatment given by Dr. Allen would ever have cured them. They are cases that never get well of themselves—that never get well under any other kind of treatment. They form a part of that vast army of chronics whose lives are hopelessly blighted. The way in which the doctor took those cases from point to point past most dangerous places should command our admiration. If you look at the face of Dr. Allen you will see at once that it is not the face of an enthusiast, he is not a man to be led astray or to lie to or deceive us. Those who never cure such cases are the only ones who raise a question as to the work we are doing here.

Dr. Custis—Dr. H. C. Allen struck the key-note when he

spoke of the relation between these remedies and miasms on one hand and acute manifestations of disease on the other. We are about entering upon a season where we will have great numbers of acute diarrhœas to meet, and in these I have found the greatest help from these remedies. But when and how are we to use them? My experience has been that these sudden, severe diarrhœas are not helped in the beginning by nosodes, but when they are not relieved by the indicated remedy promptly as they should be, and the child shows symptoms of marasmus, I have then found that the nosode affects the system so that the symptoms indicating the next remedy come right to the surface. The sequence of remedies is a subject of great importance, and one that needs much study. I have never seen a nosode carry a case through to a cure, but I have many times seen a nosode bring out the symptoms for the next remedy. First comes the remedy which meets the acute symptoms, then the nosode or antipsoric which is most similar to the case, then comes the picture of the remedy, which will cure the case. The manifestation of the action of the remedy, which appears upon the mucous membranes, is a most natural thing when you consider that the mucous membrane is the first surface upon which these miasms impinge. These nosodes become more valuable the more we study them in their connection and sequence with other remedies.

Dr. Hoyne—If we follow the advice of the last speaker I think we will have to do a great deal of guessing. I believe we must cover the symptoms, whether the remedy is a nosode or not, and this rule would shut out all nosodes that are not proved. We cannot have a case of pleurisy without effusion. It is a part of the natural history of the disease, whether the patient is psoric or not, and hence it is not a proof of a psoric constitution. Certain remedies, not necessarily anti-psoric, have this condition of pleura—*i. e.*, congestion followed by effusion—among their symptoms. They are the remedies usually from which we make our choice of one which fits all the peculiarities of the case in hand. Now, as I understand the speaker, we are to select a remedy for the acute attack, then give a nosode which



will develop symptoms, then another remedy for those symptoms. That may be a good method. I have never tried it, but it is not Homœopathy. Why give a nosode without symptoms for it? If the first remedy is selected correctly you may need a second remedy, which possibly may be a nosode, but it is not right to select a nosode because it is a nosode. It is my experience that nosodes are seldom indicated in acute affections. I have run a skin and venereal clinic for many years, and have had a large experience in gonorrhœa, and I do not think that *Medorrhinum* is indicated in one case out of a thousand. It seems to me that Dr. Custis' remarks were confusing, and not homœopathic.

Dr. Custis—If my advice is followed, guessing is what we would not have to do. What is the use of practicing ten or fifteen years, if we do not accumulate experience? Now, it is the result of experience that on a good, honest constitution acute diseases do not act as they do on scrofulous or psoric bases. They do not leave bad results. Bad results in the shape of chronic diseases occur only in constitutions laboring under miasms. We have a right, and it is our duty to anticipate these conditions, which experience has taught us are almost sure to come. It is not unhomœopathic that I can see. Without the benefit of such experience you will relieve your patient of the acute trouble he may have, but you will not make a complete cure until you have well studied the anti-psoric. At the same time the anti-psorics, and especially the nosodes, are dangerous remedies, and must be used with great care. We must know the right dose and the right repetition.

Dr. Clark—I am thoroughly at one with Dr. Holmes in attributing honesty of purpose to Dr. Allen, but I cannot agree with him that he is correct in his treatment of miasms. Boiling it right down you have nothing but this: you assume that a given case of sickness is due to sycosis, or syphilis, or to tuberculosis, and then on this assumption you give *Medorrhinum* for sycosis, *Syphilinum* for syphilis, *Tuberculinum* for tuberculosis, and so on. You are getting right back to the old school error of treating names of diseases instead of individuals. I



never received a greater shock in my life than when I found out that Dr. Swan knew literally nothing about the history or origin of his nosodes. His *Medorrhinum* is taken from a case of gonorrhœa, of whose history we know absolutely nothing. Now, does any one, for a moment, claim that one case of gonorrhœa will represent all cases?

Dr. Lippe insisted that we must prove the nosodes or we would fall into mere routine prescribing by name. There was a man in our school who knew how to use these nosodes. That man was the late Dr. Fellger, of Philadelphia.

He insisted that we should know as much as possible about the individuals from whom the preparation was taken. For instance, he had a preparation of *Variolinum* taken from a case of the confluent variety with certain peculiarities of eruption, and of a certain temperament and constitution. That was the kind of a man to depend on when it comes to nosodes.

Dr. Hawkes—It seems to me that that is an over-refinement. We do not select vaccine from a black heifer for one kind of patient and from a red heifer for another kind. We simply get the vaccine virus from a cow, and it works. No one can question the fact that vaccine and vaccination have been universal modifiers of small-pox. The prophylactic remedy acts precisely as the curative remedy acts, by making the patient capable of resisting the assault of some miasm. Pettenkofer has demonstrated that a healthy man can swallow countless millions of cholera microbes without getting the cholera. A remedy, whether prophylactic or curative, puts a man into a state which enables him to stand the attack of some disease-producing influence. The history of small-pox and vaccination is sufficient to support the position the essayist took, and that I took when I spoke of the value of symptoms. The similarity between the nosode and its origin to the diseased condition is sufficient to make that one fact of great weight in its selection for a case. Intelligent and conscientious men and women would not disagree nearly as much as they do if they could decide on the exact meaning of the terms they use. Dr. Hoyne's remarks brought this to mind. The meaning of the phrase "totality of

symptoms" is different in different minds. Properly the totality of the symptoms includes the history of the patients and of his father and mother. It includes every part of heredity. That being the case, then these symptoms, whether acquired, or hereditary, or miasmatic, have weight and must be studied. Some are more valuable than others, some are less valuable.

Dr. Clark—Then you believe in *tollere causam*?

Dr. Hawkes—Certainly; the cure of disease is altogether *tollere causam*, but you must know what the cause is, and you will find it among the miasms.

Dr. Waddell—As I understood Dr. Allen, he did not recommend such a crude procedure as to prescribe Medorrhinum for gonorrhœa, Syphilinum for syphilis. It was, in effect, to consider a history of syphilis, or of gonorrhœa as important elements in the case, and as having a bearing on the prescription. In one case he prescribed Mercury; in another, Syphilinum, and so on, simply because the symptoms indicated these remedies.

Dr. Pease—I believe that most of our failures in the cure of chronic cases arise from the fact that our patients come to us after a long course of drugging; they come filled up with hypnotics, bromides, quinine, the antipyretics, and what not. Before we can really begin to get at the reaction, I think it is necessary to antidote as far as possible these drug symptoms. Where we can find out the drug last taken, we can antidote it by giving the same drug in a high potency, as Dr. Allen, in his paper, antidoted the effects of Mercury by giving Mercury high. I know that Dr. Sawyer, in a great many cases in which he is successful, follows this plan. I have also found it a good plan in my own experience.

Dr. A. R. Morgan—It seems to me if these methods of treatment are legitimate, there is very little use of our studying medicine. If Isopathy is to precede Homœopathy what is the use of studying materia medica? I have little experience with any nosode except Psorinum, and I think from what I have here heard that we are drifting toward a dangerous error. When I come across a tedious or difficult chronic case I do not

resort to Isopathy. I fall back on the psoric miasm and select an anti-psoric remedy. Oftentimes a dose of Sulphur will revive the latent susceptibility of the patient. I do not object to the use of any nosode that has been proven and that is prescribed on the symptoms.

Dr. Butler—I also want to protest against nosodopathy. It is not Homœopathy, it is not even Isopathy. A nosode is only one of the many products of disease, and may or may not be a powerful remedy. But I want to emphasize the fact that without good provings we are at sea. I do not believe there exists a good proving of Medorrhinum or of Syphilinum. What we have are made by men of extreme credulity. I do not want to speak of Dr. Swan with any disrespect, but still I must say that Dr. Swan is the most credulous man I ever had any dealings with. You will find symptoms of gonorrhœa put down as belonging to the pathogenesis of Medorrhinum. I have little faith in the provings of most of our nosodes. The proving of Psorinum dates back many years, and is no doubt an excellent one. It has been extensively verified. In regard to Isopathy my experience with it is not favorable. I have not had good results from giving Mercury high, for chronic mercurial poisoning for instance.

Dr. H. C. Allen—Hering was the prover of Lyssin.

Dr. Butler—Hering was an excellent man. He was probably the best man that ever lived for taking clinical cases and selecting the truly curative drug to be given, but Hering was human.

Dr. Clark—Hering himself says there is no proving of Lyssin. What we have was taken from the effects of bites of rabid dogs.

Dr. J. H. Allen—We all believe in the law of similia. We all believe that no cure can be effected without the application of similia. Our differences, I think, arise from misunderstanding. I have no use for name-prescribing any more than the rest of you. I have prescribed Medorrhinum a thousand times, I suppose, without any result at all, and yet I have unshaken faith in the proving of Medorrhinum as far as it goes, for when



it is the simillimum it will cure your case. No matter what the agent is, so you adhere to the law it will cure. The first case I reported had been treated by a homœopathic physician for five years. I treated it for four years, and finally decided that Medorrhinum was the simillimum, and gave it. It was very far from prescribing on the name of the disease. You can see what nerve it took to wait three or four months on a single dose. Medorrhinum nearly cost him his life. The second case I had nine months for syphilitic eruption. I was called in to see the child's mother in puerperal convulsions. There was a history of syphilis on both sides of the house.

It is not yet possible to get a complete proving of these remedies. Who is going to prove them? Must we wait and not use them on that account when we have enough to do valuable work with? We all use Calc-carb., and yet the most valuable symptoms of Calc-carb. are clinical or pathological, and we prescribe it on those symptoms lots of times. Also Sulphur as an inter-current.

I have found that where a chronic case is covered up by a suppression that the nosodes most similar to the miasm at work in the patient that it will take the case to a point where you can see the similar remedy.

Bureau closed.

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### IN MEMORIAM—SAMUEL SWAN, M. D.

Samuel Swan, M. D., was born at Medford, Mass., July 4th, 1815. Died, New York, October 18th, 1893. He was the son of Samuel Swan, a sea captain, who was lost at sea. His grandfather was a major in the Revolutionary war under General Lincoln. Thus we find the Doctor to be of good old American stock, and the old homestead still stands, a relic of colonial days. He attended the Bradford Academy and early developed a talent for music. He entered into the music business and also published a number of his own compositions. He was married in 1843, and as his health was not good went to Montgomery, Ala., and entered mercantile life. During the ten years he was



there he became intimate with Dr. Uhlic and Dr. Albright, local physicians, who were practitioners of Homœopathy, and spent much of his spare time in the study of medicine under their direction. He was fortunate in being directed to that line of investigation through the influence of his uncle, Dr. Daniel Swan, of Medford, who as early as 1808 embraced Homœopathy, and was one of the pioneers in the practice in this country.

During the Doctor's residence in Montgomery the yellow fever broke out and a severe epidemic ensued. He did not turn away, but devoted his whole time to caring for the afflicted, acting both as nurse and physician at a time when such assistance was most difficult to obtain. His success was marked, not only as a physician, but in business as well, and he rapidly accumulated a competency. In 1860 he removed to Wilmington, Del., and while there attended the Homœopathic Medical College of Pennsylvania at Philadelphia, from which he was graduated in 1866. In 1863, however, he came to New York, where he made his home till his death.

During his early residence in New York he was associated with Dr. E. Bayard, and their relations were always of the most friendly nature.

Dr. Swan became most widely known through his work in connection with the preparation of high potencies and the use of the morbid products of diseases as remedies. He was interested in the proving of remedies for many years before he began the manufacture of the potencies, which was about the year 1875. With him originated the term "bottle washing," which became the sneer of those who scoffed at the idea of the high potencies, and the excessively high notation which he adopted caused very severe criticism of his method.

In 1881 he became a member of the then newly-organized International Hahnemannian Association, and was one of its most staunch supporters, although in 1887 he severed his connection with the Association because of the most unpleasant complications arising from the use of his membership seal on his catalogue of remedies.

In private life Dr. Swan was one of the most genial and

kindly men, beloved and respected by all who knew him. His charities were broad and unostentatious, giving freely of his means and services to those whose need appealed to him, and for five years gave his service free to all who came. Broad and liberal-minded in all things, his religion was as broad as his charities, and held the brightest hopes for all.

By the death of Dr. Swan the profession loses one of its most conscientious students; his widow, son, and daughter a loving husband and father; while his associates and patients mourn a kind and valued friend.

The time has not yet arrived when a just estimate of the work of Dr. Swan can be made. Labors which have extended through years, intermingled with the tumult and turmoil of battle, the sounds of which, together with the heat and passions of conflict are not yet passed away, cannot be considered with the calm and dispassionate judgment that will be accorded them in later days.

Even the bitterest opponent of Dr. Swan cannot but admit his sincerity and earnestness of purpose. If he was in error in his conclusions, the error was of the head and not of the heart. The writer knew him many years and never knew him to utter an unkind word or speak disparagingly of even his most bitter opponent. He simply said in substance, they could not understand his meaning; and that, unfortunately, was one of the difficulties of his methods of expressing himself in writing. He took too much for granted, believing that his readers understood his position and could understand what he intended to convey without further explanation. This the writer has observed a number of times, when a personal interview would give a distinct, and sometimes, almost opposite meaning to something which he had written, and which had been construed in an entirely different manner.

To be sure, it will be necessary to depend upon what he has written, to assign him to his place in homœopathic literature. How much of fact and how much of fancy there is in his investigations and compilations remains for the future to determine. All that he has done must be proved and accepted, or

must be disproved and rejected ; it cannot and will not be cast aside because some, however well meaning, have stamped it with their disapproval. Homœopathy will not stand or fall by any one's *dictum*. Its foundation is on facts and on facts depend its existence.

The intense opposition which was developed by his advocacy of the use of the morbidic products, reached its culmination when he issued his famous *Catalogue of Morbidic Products, Nosodes, and other Remedies, in High Potencies*. There can be no question as to the use of morbidic products in potentiated form, any more than there can be a question concerning the use of other products of animal or vegetable origin in like manner and under the Hahnemannian principles. If Psorinum, Syphilinum, Medorrhinum, etc., are legitimate remedies, Morbilin or Pyrogen are equally so. It is to Dr. Swan that we are indebted for many of these agents, and to his indomitable perseverance in the face of the most strenuous opposition that provings of them have been obtained.

With all this, however, the question may be legitimately raised, and without casting any reflections upon his sincerity or honesty of purpose, as to whether he was justified in his methods of using and introducing his "specifics," as he chose to call them. In all probability, it was this, rather than the preparations themselves, which caused his *confrères* to oppose him so strongly. That he believed his oft-repeated generalization, "Morbidic matter will cure the disease which produced it, if given in a high potency, even to the person from whom it was obtained," cannot be disputed : and his experience in the use of these products, extending over many years, only served to confirm his belief. The very fact that his observations have been confirmed in hundreds of instances by other physicians—that hundreds of physicians have used his remedies to a greater or less extent, and in many cases with the most surprising and satisfactory results—is sufficient cause for reflection and consideration rather than for hasty condemnation because the generalization was apparently "unorthodox."

The indiscriminate use of the morbidic products was never



advocated by Dr. Swan to the writer's knowledge. He was a firm believer in the Hahnemannian principles, but like many others, he was satisfied that the homeopathic materia medica was incomplete and would remain incomplete till it embraced everything that could affect the living organism. As Hahnemann found his first provings by the action of the crude drug, so Swan found the first provings of morbid matter by the action of the crude disease-element as shown in the disease condition, and his argument was: If the sum total of all the symptoms arising from any specific disease-producing element can be obtained, we shall have the complete proving of that element. While this proposition is logically correct, the conclusion that the morbid product of the diseased condition contained the disease element, is not strictly true, for while this specific sick-making element does obtain, as may be proved by the process of inoculation, it also contains other elements of varying characteristics according to the source of the morbid matter, hence even the potentiated product is not pure and does not represent the true sick-making element in the original state.

Herein lies the difficulty in the use of the morbid products. That any morbid product will produce the exact totality of symptoms produced by the original disease-producing factor cannot be substantiated, as it is a compound factor in itself: hence it cannot be considered as an *idem* or the same, but being of nosodic origin is still the *homoion* or similar. Therefore, while there cannot be any reasonable objection to the use of remedies of nosodic origin, any more than against those of isotic, organic, or dynamic origin, they must be invariably subjected to the process of proving, according to well-established homœopathic principles.

The small volume, *A Materia Medica*, which Dr. Swan published in 1888, containing the provings of *Saccharum-lactis* and *Lac-caninum*, stands in evidence of his industry and labor. This work was never completed because the demand for the work did not warrant the necessary expenditure, and unfortunately, the greater portion of this edition was destroyed by fire and the work is now out of print. It is to be hoped that



the large amount of MSS. which the Doctor has left, containing the provings and memoranda of his various remedies may be presented to the profession at no distant day, for they are far too valuable to be lost.

HITCHCOCK.

## NEW YORK HOMŒOPATHIC UNION.

The regular meeting of the Homœopathic Union took place at the residence of Dr. Edmund Carleton, 53 West Forty-fifth Street, New York, on the evening of October 19th, the President, Dr. Carleton, in the chair. There were present Drs. Allan, Baylies, Burn, Carleton, Dyer, Finch, Fincke, W. M. James, of Philadelphia; Thomson and O'Brien. In the absence of the Secretary, Dr. Stanton, Dr. O'Brien took the minutes of the meeting. Sections 190 to 200 inclusive of *The Organon* were read and discussed. These sections relate to the treatment of disease by the internal remedy alone and not in conjunction with local applications.

### DISCUSSION.

Dr. Carleton—I regard this as one of the most important parts of *The Organon*. Many professed homœopathic physicians violate this law.

Dr. Allan—Ophthalmia neonatorum can be cured better with internal medication than with local applications. It is not necessary to use Atrophine in iritis, the indicated remedy being sufficient; but if the inexperienced physician is uncertain of the remedy and delays too long, the iris will be fastened to the lens, and in such a case the use of Atropine will dilate the pupil and prevent adhesions.

Dr. Carleton—Is it more difficult to prescribe for the eye than for other parts of the body?

Dr. Thomson—Had experienced no difficulty with children suffering with diseased eyes, and had seen many cases injured by external applications.

Dr. Baylies—Had treated conjunctivitis successfully with the internal remedy alone.

Dr. Allan—Does not approve of local applications.

Dr. Thomson—Cited a case of pin-head pupil where remedies had been given and local applications used by another physician. He gave *Physostigma* and in a quarter of an hour relief was obtained. Did not know if case was traumatic.

Dr. Baylies—Had a case of tetanus and trismus in which *Physostigma* helped. *Angostura* cured the tetanus.

Dr. James—Said the use of *Atropine* locally was parrot work. It produces congestion of the eye and may cause hemorrhage of the retina. A boy was struck in the eye by a stone, causing temporary blindness. *Atropine* was introduced and the retina destroyed.

Dr. Carleton—The trouble was traumatic; and that led the doctors to resort to the surgical methods of the old school, losing sight altogether of the benefits to be derived from careful homœopathic prescribing.

Dr. James—Mentioned a case of glaucoma where *Atropine* was used, and patient was afterward cured by *Argent-nit.*, given internally, by a true homœopath.

Dr. Allen—*Belladonna* aggravates glaucoma, causing hemorrhage into the retina and the optic nerve is destroyed by pressure. A case of glaucoma of right eye was cured by *Bell.<sup>cm.</sup>* A diarrhœa resulted and another physician gave two remedies in alternation: the glaucoma returned and the eye had to be removed.

Dr. James—The diarrhœa should have been let alone.

Dr. Allan—Yes; it might have subsided the next day.

Dr. James—Dr. Lippe was called in consultation to a very serious case. The remedy he gave worked grandly, but uterine hemorrhage supervened. The doctor in attendance thought something should be done for it, and used mechanical measures which stopped the bleeding at once, and the patient died within twenty-four hours after that. Dr. Lippe said the hemorrhage would have stopped by itself.

Dr. Carleton—What has been the experience of members with epistaxis in this connection?

Dr. Thomson—Had a patient, a man seventy-two years old,

with persistent hemorrhage; gave remedy every half-hour and cured the case.

Dr. Finch—Had a severe case of epistaxis, patient nearly exsanguinated. Injected Tannic-acid, patient recovered, but doctor did not feel proud of cure as he grew wiser.

Dr. Fincke—Cured a case of epistaxis in a few minutes with Acon.<sup>cm</sup>. Cured a case with China<sup>30m</sup>; to satisfy family, promised to resort to surgical means within eight minutes if hemorrhage did not lessen; it ceased within the time. The physician often loses courage through anxiety and fear. Many women are sacrificed in obstetrical work through fear. We should study remedies.

Dr. Thomson—Had a patient whose menstruation ceased while at the theatre. Epistaxis came on and the patient came to him in a fright. He gave Placebo, as she was under a remedy.

Dr. Fincke—Has any one had a case of epistaxis where blood was cold? He could not find any remedy with that symptom.

Dr. James—What remedy has profuse cold saliva?

Dr. Thomson—Was Dr. Fincke's epistaxis cold to touch?

Dr. Fincke—Answered yes. He then referred to orificial surgery which has come among us. He said: The paragraphs under discussion concerning the treatment of so-called local diseases are intimately connected with the vital point of homœopathics, the sufficiency of homœopathic treatment, and prove it beyond doubt. It is on that account mainly that the majority of homœopaths are switching off to innumerable adjuvants and surgery in cases which are amenable to Homœopathy and therefore should be treated accordingly. That surgery itself is only a necessary adjunct and has by no means the wide range attributed to it in modern times, Hahnemann has distinctly asserted in § 186, in the words: surgical treatment is indicated "where a mechanical aid is to be applied to the suffering parts, so that the external impediments to the healing, to be expected through the life-force alone, be annihilated." This limit should constantly be borne in mind by every homœopathician. Many have no idea how far the homœopathic remedy reaches, if properly applied in similitude and potency. But for the purpose

of obtaining all the good things it is able to accomplish we must let it do its own work without disturbing it by our anxiety to benefit the case and rushing into a multitude of remedies, contrivances, and auxiliaries which throw the life-force in confusion and by its waste diminish its resources instead of increasing them by calm judgment. It wants nerve to do as Hahnemann desires, but the result rewards our earnest efforts in the relief and cure of our patients, and that is all the sufficiency needed in therapeutics.

Dr. Carleton—Retribution will follow soon. The returns are beginning to come in. I took pains to keep informed of three cases where the "American operation" had been performed for some trouble of the rectum. The principal part of the operation consists in removing one inch of rectum. The patients seemed better for a short time, but now are worse than ever.

Dr. Baylies—Progressive muscular atrophy is treated by stretching the sphincter.

Dr. James—Mentioned a case of typhoid where, under old-school treatment, the blood of a goat was used for transfusion, and patient died.

Dr. Fincke—Thought local application for disease would neutralize internal remedy.

Dr. Thomson—It appears to heal from outside, but should be from within.

Dr. Finch—If the remedy be given for external trouble, and something new results, such as diarrhoea, should the case be then left to nature or should another remedy be given?

Dr. Thomson—Where the indicated remedy had been given let the case alone. In traumatic troubles, such as fractures, set the bones, place them in splints, and use such external applications as are necessary. Then study the case as a physician.

Dr. Baylies—The too frequent use of a remedy will retard the healing of a fracture.

Dr. Finch—If a chronic disease disappears under treatment and something else takes its place, will a new remedy cure the new disease and cause the old one to return?



Dr. Carleton—If the case is better and new symptoms appear do not give a remedy.

Dr. Finch—Had a patient—a woman—with a bad cough. Prescribed two or three times with trifling result; then traced the history of the case backward to puberty, and found she had at that time been cured by a professed homœopathist of a persistent leucorrhœa, an itching eruption, and constipation. One lung now affected. Carefully selected remedy, the eruption first returned, in a few days the constipation came back, and finally the leucorrhœa. All disappeared in the order of their coming without any new remedy.

Dr. Thomson—Looks like the action of an anti-psoric remedy, yet as one remedy cured does not look like a psoric case.

Dr. Finch—The cough improved.

The meeting then adjourned.

E. C. D. O'BRIEN, M. D.,

*Secretary, pro tem.*

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## VALUE OF VACCINATION.

Under this title *The Daily Eagle*, of Union City, Indiana, is making a crusade against vaccination. In an article published in the number for September 20th it gives some statistics. Here is an extract from the article mentioned:

“Let us consider the matter by presenting some of the claims and some of the facts. In the first place: Does vaccination *prevent* small-pox?

“If it does, why do vaccinated people take it? They do take it, don't they? We think they do. In the French army every recruit is vaccinated when he enlists and it must take well and good before he enters the service. This is certainly a fair test. Well, in 1870, during the Franco-Prussian war, there were 23,469 cases of small-pox in the French army, all of them vaccinated and most of them re-vaccinated!

“Take the hospital reports. The Deptford (England) Hospital Report for 1879 gives the following: Vaccinated patients, with one mark, 317; two marks, 384; three marks, 447. The

Homerton Hospital for the years 1871 to 1877 gives the number of vaccinated patients with one mark at 1,042; two marks, 1,259; three or more, 1,261. The Dulham Hospital Report of 1878 gives: patients with one mark, 149; two marks, 156; three or more, 202. The Metropolitan Hospital Report, 1870-2, gives: patients with one mark, 1,124; two marks, 1,722; three marks or more, 1,677."

## RESOLUTIONS OF NEW YORK STATE SOCIETY.

At the forty-second semi-annual meeting of the New York State Homœopathic Medical Society, October 4th, 1892, it was unanimously

*Resolved*, That all educated physicians should have the fullest possible knowledge of drug action, without distinction of school or creed, and that this instruction should be comprised in the curriculum of every medical college.

*Resolved*, Until all students are so taught it is manifestly unfair to require by law of candidates for licensure an examination in materia medica and therapeutics other than in accordance with the tenets of the school to which they belong.

*Resolved*, While we strongly urge upon all homœopathic colleges the necessity of giving to students the broadest and most liberal education, until the other schools of medicine shall so fully and completely teach materia medica and therapeutics we cannot submit our students to unjust discrimination in State medical examinations.

*Resolved*, That we cordially indorse the present system of licensure, and are opposed to any modification of it.

*Resolved*, That a copy of these resolutions be sent to each homœopathic college, to each homœopathic journal, to our Board of Medical Examiners, and to the Regents.

BROOKLYN, N. Y., Oct. 22d, 1893.

JOHN L. MOFFAT, *Secretary*.

## BOOK NOTICES.

**ESSENTIALS OF MINOR SURGERY.** Bandaging and Venereal Diseases, arranged in the form of Questions and Answers. Prepared especially for Students of Medicine, by Edward Martin, A. M., M. D. Second edition, revised and enlarged. Seventy-eight illustrations. Philadelphia: W. B. Saunders, 925 Walnut Street. 1893. Price, \$1.00.

This little work of 166 pages forms No. 12 of Saunders' Question Compend.

Each paragraph begins with a question to which the paragraph is a comprehensive answer.

There are a number of books before the profession devoted to minor surgery, and several of them have been noticed in these pages. The present specimen is very good for the purpose intended. The subject of bandaging is extensively treated, as well as fracture dressings generally. Antiseptics, sponges, and antiseptic dressings are also noticed.

The volume has been before the profession for some time. The present issue is a thoroughly revised edition, and the illustrations have been redrawn and engraved, and an entirely new set of bandaging cuts inserted; for these, as well as the descriptions, the author has been indebted to the *American Text-Book of Surgery*.

**THERAPEUTICS OF CHOLERA (CHOLERA ASIATICA).** By P. C. Majumdar, M.D. Philadelphia: Bœricke & Tafel. 1893. Price, 50c., net.

This little book of one hundred duodecimo pages is the latest contribution to the literature of cholera. It constituted an essay originally read before the World's Homœopathic Congress at Chicago, in connection with the World's Columbian Exposition, 1893. It is an excellent work, is strictly homœopathic, and is furnished with a materia medica and repertory. It is additionally interesting as being the production of a native Hindu.

## NOTES AND NOTICES.

MR. W. B. SAUNDERS, Publisher, 925 Walnut St., Philadelphia, Pa., writes: "We now have the entire manuscript of the second volume of Dr. Pepper's *Theory and Practice of Medicine* in our printer's hands, and we can assure the profession at large that the work will be placed in their hands within the next six weeks. There is one feature about this book to which I would call your special attention. In the first volume nearly two hundred pages are from the pen of Dr. William Pepper, and in the second volume he writes over three hundred pages, thus making over one-fourth of the entire work from the Editor."

DR. ARTHUR G. ALLAN, the homœopathic eye specialist, has associated himself with Dr. Thomas M. Dillingham, at 46 West Thirty-sixth Street, New York City.

REED & CARNICK'S INFANT FOOD.—The highest awards and medals at the World's Fair were given to *Reed & Carnick's Infant Foods and Kumysgen*.

MR. W. B. SAUNDERS, Publisher, of Philadelphia, writes: "We will send you by mail in a few days a copy of *Senn's Syllabus of the American Text-Book of Surgery*, which we think will be a valuable aid to all who now possess the *American Surgery*. This latter book, as I have written you before, has had a phenomenal sale, over ten thousand copies having been sold last year."











